Oral Hygiene

DECEMBER 1959

Please send your contribution *today*
to the ADA Relief Fund!

In this issue:
SPECIAL HOSPITAL FOR DENTAL CARE

SUPERIOR TO [redacted]

OR BUFFERED ASPIRIN...

TO CALM PATIENT'S ANXIETY IN PROSTHETIC PROCEDURE

During prosthetic procedure — the patient is apt to become apprehensive and restless. That's why, today, many dentists give their patients two Anacin Tablets prior to replacement of teeth.

Anacin Tablets give *better total effect* in pain-relief than aspirin or buffered aspirin. Anacin has a special sedative action which gives efficacious results in allaying nervous tension, apprehension and anxiety. Anacin leaves the patient relaxed — affording prolonged comfort after leaving the chair. Excellent tolerance. Preferred by more dentists than any other analgesia.

Always

ANACIN®

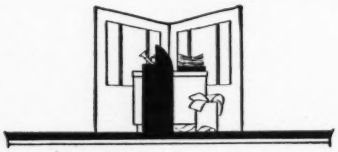
FOR A BETTER TOTAL EFFECT

WHITEHALL LABORATORIES, NEW YORK, N.Y.

XUM

The Publisher's CORNER

By Mass



No. 461

Small Squib

AFTER ALL THESE YEARS, it seems timely to tuck a small squib into the CORNER—not *too* tough though, since it's long overdue and the CORNER is ashamed for being so dawdly. (Get on with it, Massol—all right, all right.)

This squib is stuck in here to say thanks to Jack Fisher and his wife Ann for helping us to remember dentalmen and dentists who have slaved many an hour over the years without much reward. On account of people just forget—well-meaning, good jills and joes, but they just forget. Don't *you* forget, mister? *We* do. Jack and Ann Fisher help us remember—despite the limp memory of a clumsy CORNER conductor, Saints preserve us.

The Fishers are residents of 1464 South Roxbury Drive, Los Angeles, Calif. Jack is one of the best-known retired dentalmen in the whole world. He spent 45 years in the dental and surgical trades before his retirement from The Pelton & Crane Co. on December 31, 1956. Jack served Pelton & Crane for 18 years, and at retirement he was West Coast manager.

Jack's daddy must have been a daisy, too. Commenting on a

(*Continued on page* 6)

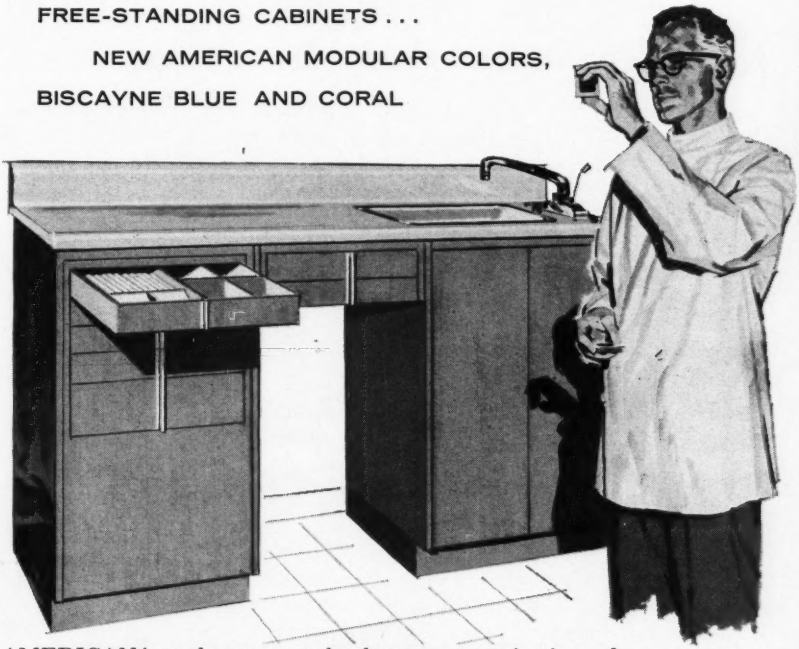
NEW

AMERICAN MODULAR

FREE-STANDING CABINETS . . .

NEW AMERICAN MODULAR COLORS,

BISCAYNE BLUE AND CORAL



AMERICAN introduces a completely new conception in modular work-and-storage facilities — free-standing storage and sink cabinets now bring modular efficiency to operatories where wall mounting is not feasible. Conventional modular units can be suspended between floor units to give coordinated storage facilities under a continuous working top. New Flex-Unit storage cabinet permits selection of five drawer-storage combinations to meet individual requirements. See the new AMERICAN MODULAR work-and-storage centers — in four handsome wood-grain Formica finishes — now at your American Cabinet Dealer's!

AMERICAN MODULAR

Work-and-storage centers tailored for the Dental operatory

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the air you
pay for with
the new
Web-air Compressor

OIL FREE — No oiling required; no oil in the delivered air.
Here's the compressor that's designed with ultra-speed dentistry in mind.
It's new and has all the fine engineering features you expect from Weber equipment.
It's handsome enough — and QUIET enough to be installed right in your operatory.
Ask your Weber Dealer about the new Web-Air Compressor today!

BER

Look at These Web-Air Compressor Features:
QUIET ½ H. P. capacitor type motor pump unit, top-mounted to eliminate condensation problems. Tank is 8 gallon capacity, protected against rust, A. S. M. E. approved. Provides ample air (filtered on both intakes to prevent clogging) for several ultra-high speed handpieces and other office use. Features rapid recovery.

use the NEW Web-air Compressor with the wonderful Weber Air Turbine Handpiece

The new Weber head is q-u-i-e-t-e-r. Hear it. Your ear will tell you how quiet it is. It's smaller, too. You have more visibility all around. Quick disconnect saves you time. Patients of all ages prefer the smooth, cool, quiet operation of the Weber Air Turbine.

Why ULTRA-HIGH SPEED? Much greater patient comfort—operating time drastically reduced—more work per appointment. 100,000 to 200,000 R.P.M. increases cutting ability 20 to 30 times the cutting speed at 4,000 R.P.M.

No Fixed Speed—Speed requirements are the individual dentist's choice. The Weber Air Turbine is variable from 100,000 to in excess of 300,000 R. P. M.

More Torque with Less Air—Weber provides more torque with less air than any other handpiece.

Positive Filtration Systems for both air and water. Water filter removes all particles more than 4 microns in size at the control box. Air filter operates the same way. Result—trouble-free operation.

Compressor—Any compressor which will deliver 1.0 CFM (cubic feet per minute) can be used. The new Web-Air Compressor is specifically designed for ALL ultra-high speed handpieces. It's guaranteed for one year.

Ask about Weber Finance Plans for both the Web-Air Compressor and The Weber Air Turbine.

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note from me in which I beefed about being reduced to one-finger typing, Jack wrote:

"I like 'em short. My dad always told me that if I was going to make a speech or write a story, to plan on a big long one.

"Either a three-hour speech or a story that would fill a large book. Then cut them down so that people could remember the first words along with the last ones. This I have done all my life. So I don't have *too* many enemies (*I think*)."

10 IMPORTANT REASONS

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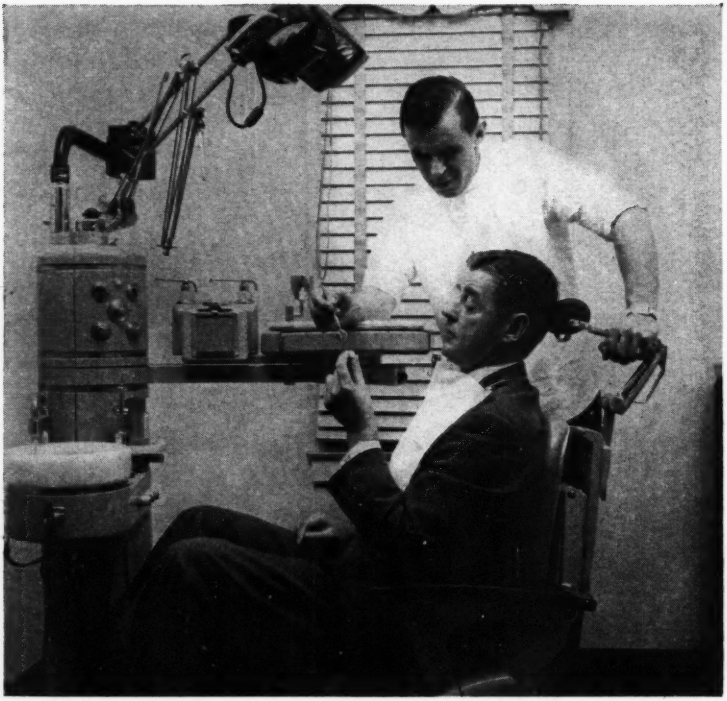
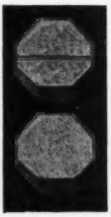


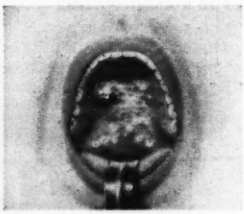
"impressive"[3] dual therapy for oral keratotic lesions

In a recent double-blind study, high dosage vitamin A therapy with the combined local-systemic action of VI-DOM-A® Oral Tabs improved oral keratotic lesions – often dramatically – in 88 per cent of patients.[3]

The "possible overtones of malignancy"[3] in certain oral keratotic disorders magnifies the importance of this confirmation of earlier studies[1,2]. . . and of prescribing VI-DOM-A Oral Tabs routinely, for both prophylaxis and treatment.

Supply: **Bottles of 25 and 100. Each tablet contains either 75,000 or 150,000 U.S.P. units synthetic vitamin A in a pleasantly flavored, candy base.**





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*oral tabs**

High-potency vitamin A

World Leader in Dermatologicals

*Patent pending

1. Mulay, D. N., and Urbach, F.: A.M.A. Arch. Derm. *73*:637 (1958). 2. Urbach, F.: Bull. Assn. Mil. Derm. *6*:17 (1957). 3. Zegarelli, E. V., Kutscher, A. H., and Silvers, H. F.: N. Y. State Dent. Jl. *25*:244-252 (1959).

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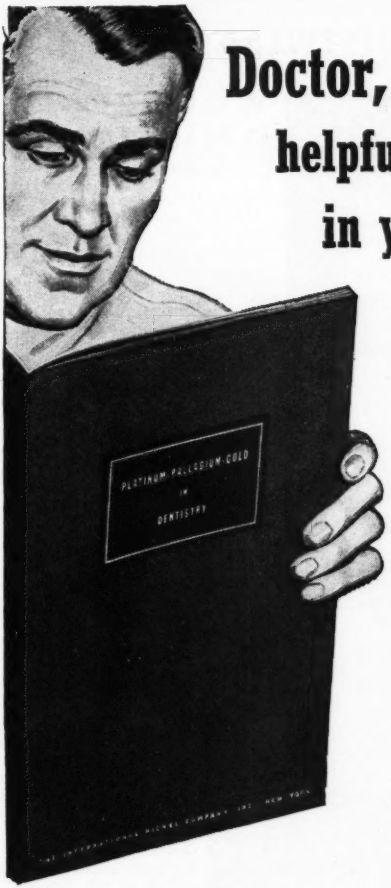

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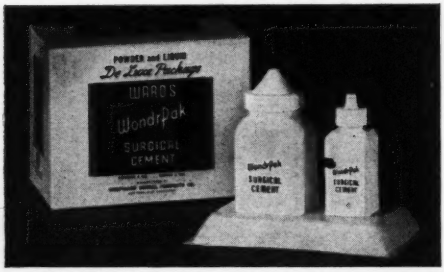

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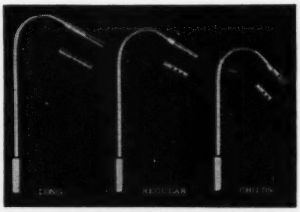

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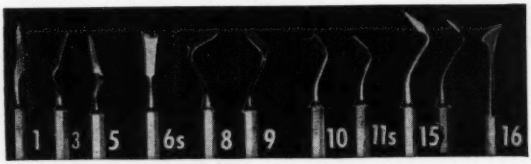

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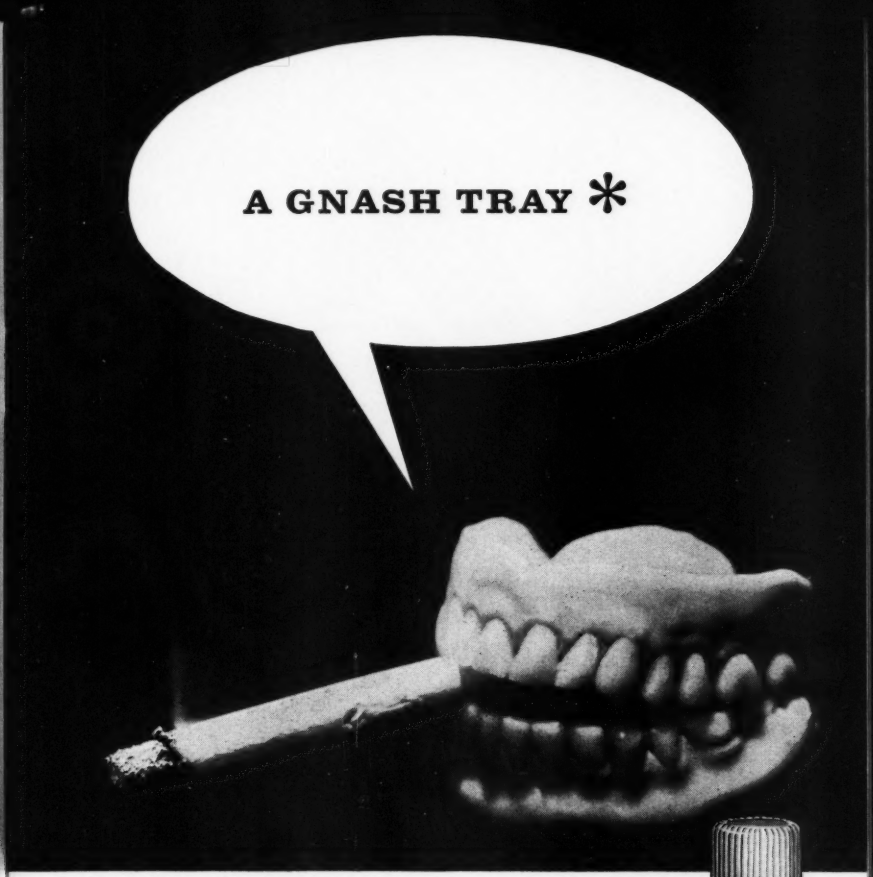

*Submitted by Dr. F., State College, Pa.

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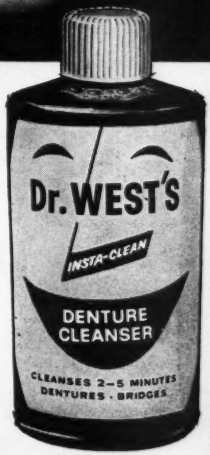

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- Pushbutton Kilovoltage—Select from 65 to 90 kv.p.
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- Lighter-weight Tube Head—Insulated with a safe, non-flammable, non-toxic gas.
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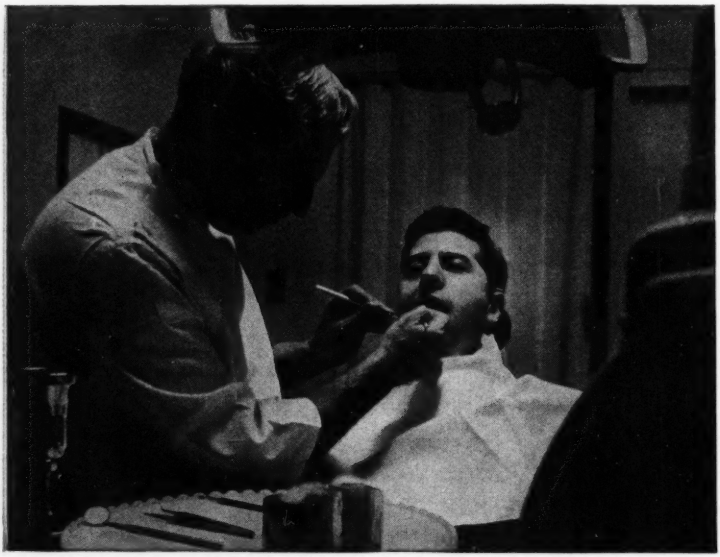
A report of clinical findings published to date:

Thermodent™ Tooth Paste relieved and controlled hypersensitive teeth in 79.2% of the cases studied



Thermodent as an aid
to everyday management of hypersensitivity

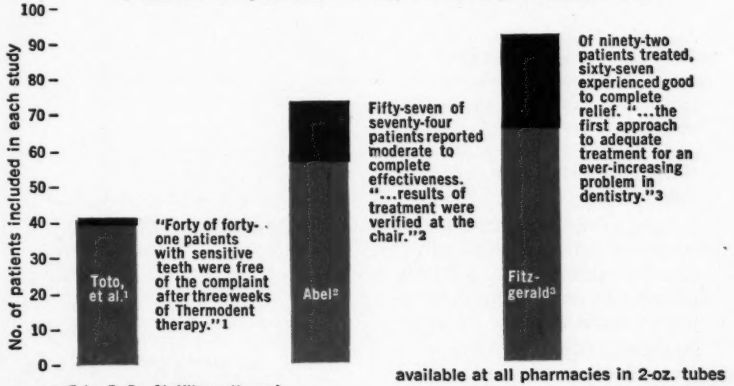
Published reports of clinical investigations show that patients who experience tooth pain from hot and cold or sweet and sour foods—as well as during cold weather—benefit measurably from regular brushings with Thermodent. In 571 observations on 92 patients, it was found that 42% of the patients had complete relief of dentine hypersensitivity—and 30% "good" relief—during regular use of Thermodent. All 92 patients "reported at least some benefit."[3]

The reduced sensitivity afforded by Thermodent allows routine and thorough brushing for patients formerly unable to maintain proper oral hygiene. In addition, office visits are less painful because sensitivity to instrumentation is diminished—making for better patient cooperation and a saving of valuable chair time.

Thermodent for relief
during painful dental procedures

In periodontia, for example, extreme dental sensitivity is normally encountered. In a recent study restricted to periodontal patients, the effectiveness of Thermodent as a desensitizing agent was shown by the following results: 97% of the patients experienced complete relief from hypersensitivity after three weeks of Thermodent brushing, yet control subjects with sensitive teeth "were not free from the complaint after five weeks on a placebo."[1]

SUMMARY OF RECENT THERMODENT CLINICAL STUDIES
(Total of 207 patients studied; 79.2% experienced relief)



1. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: J. Periodontology 29:92 (July) 1958. 2. Abel, I.: Oral Surg. 11:491 (May) 1958. 3. Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956.

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Recent studies interestingly point up the fact that inflamed gingival tissues need and respond to oxygenation.[1]

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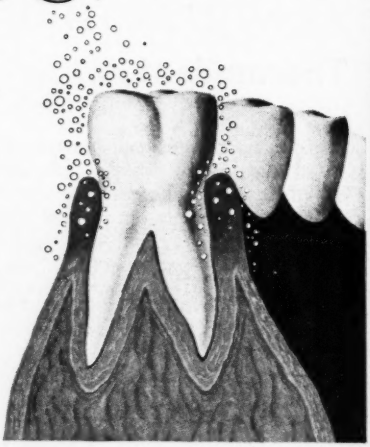

1. *Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. Helvets. odont. acta. 1:13-16, (April) 1957.*

2. *Behrman, S. J.; Fater, S. B.; Grodberg, D. L.; An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. J. Dent. Med., (October) 1958.*

3. *The New York Hospital—Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association Annual Session, (November) 1957.*

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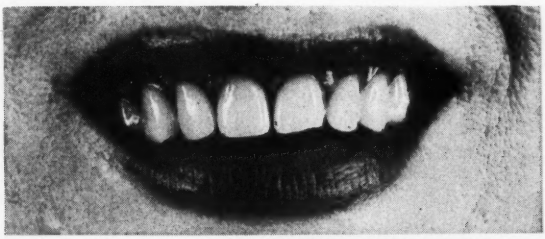

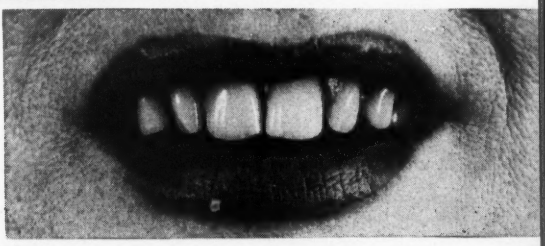

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Take advantage of this special offer and treat your patients to the clean, brisk taste of Listerine —the mouthwash bought by almost four times as many people as the second most popular brand!

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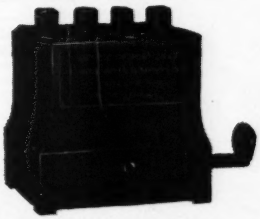

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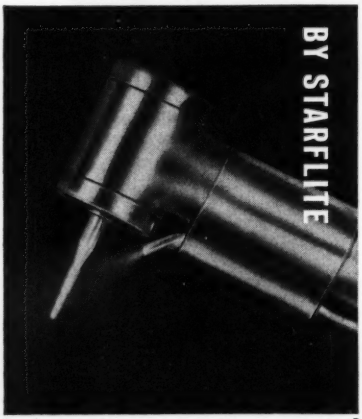

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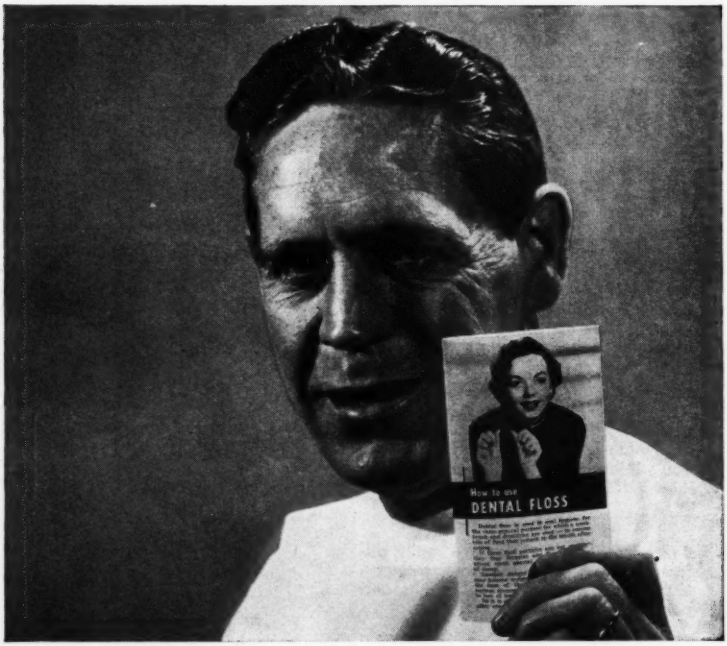

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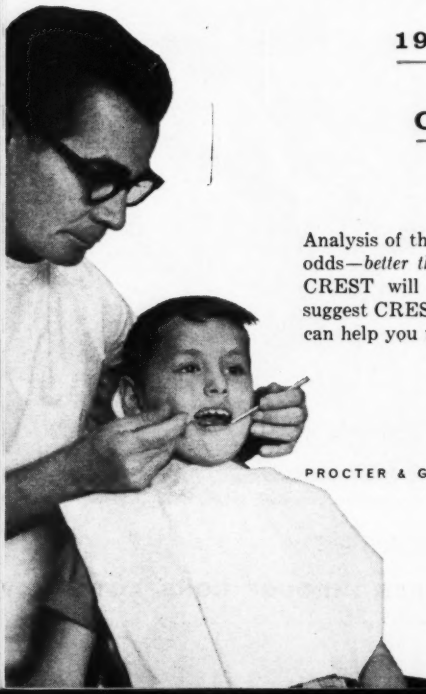

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VOL. 49, NO. 12 Oral Hygiene DECEMBER, 1959

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Total circulation this issue more than 94,000 copies.

Picture of the Month 27

Special Hospital for Dental Care 29

Why Have Oxygen in Your Office? ..... *William R. Thompson, DDS* 34

Practice Administration Thought-Provokers ..... *Charles L. Lapp, PhD, and John W. Bowyer, DBA* 38

How to Convince Patients ..... *Florence Halverson* 43

The Dentist at Work: Finishing the Inlay and Crown—Part Two ..... *Chester J. Henschel, DDS* 46

Basic Investment Principles for the Young Dentist ..... *Keith Sutherland, DDS, MS* 51

DEPARTMENTS

The Publisher's Corner 2
So You Know Something About Dentistry! 55
Editorial Comment 56
Technique of the Month 58
Ask Oral Hygiene 59
Dentists in the News 70
Annual Index 76
Laffodontia 84
What's New 86

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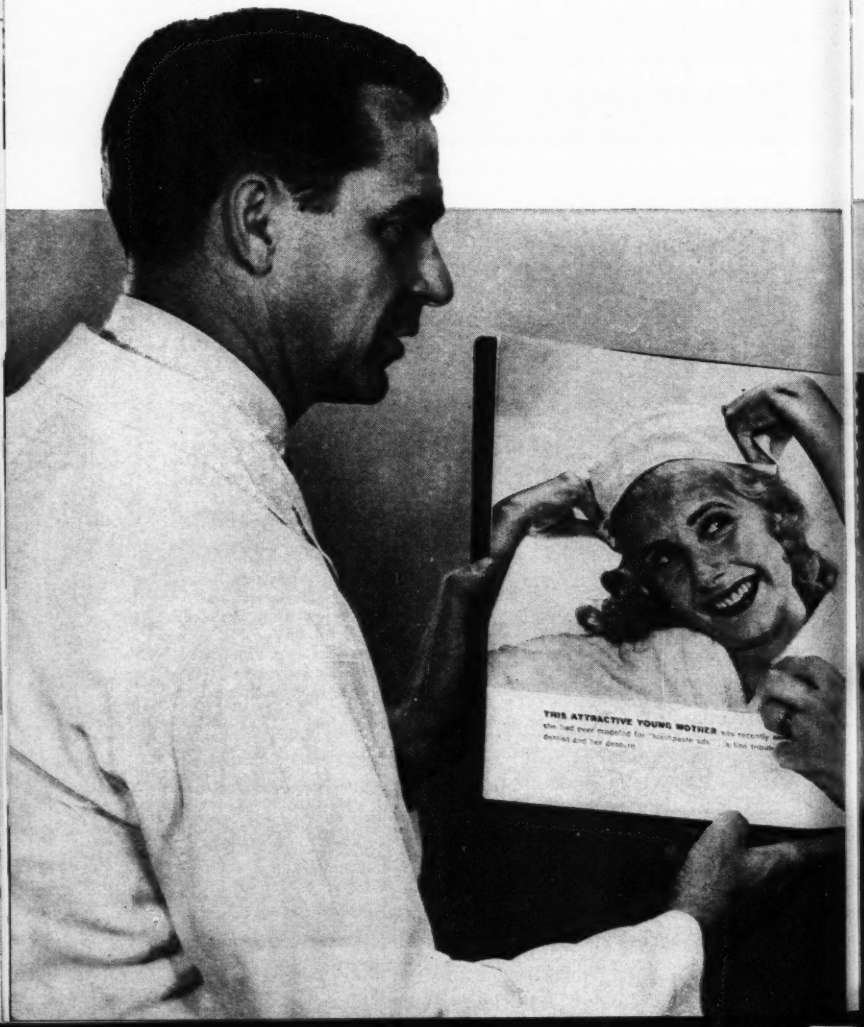

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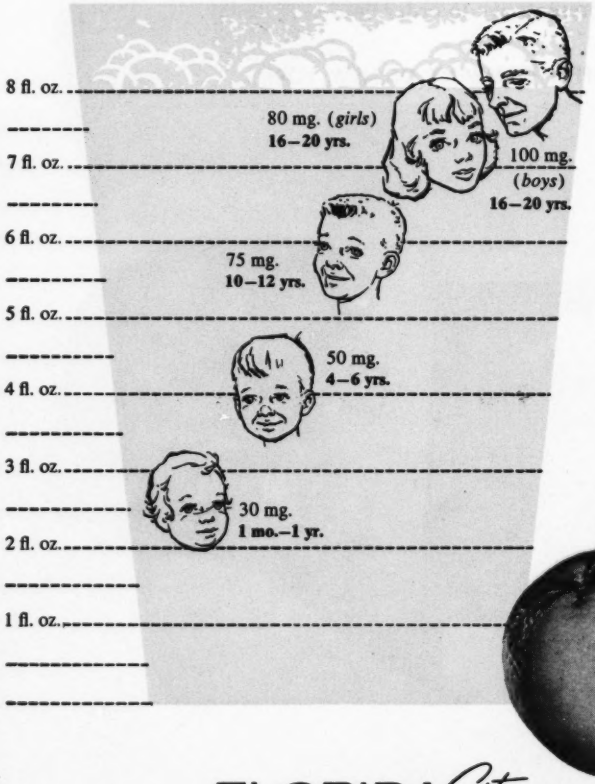

*Nat. Res. Counc., Pub. 302, 1953.

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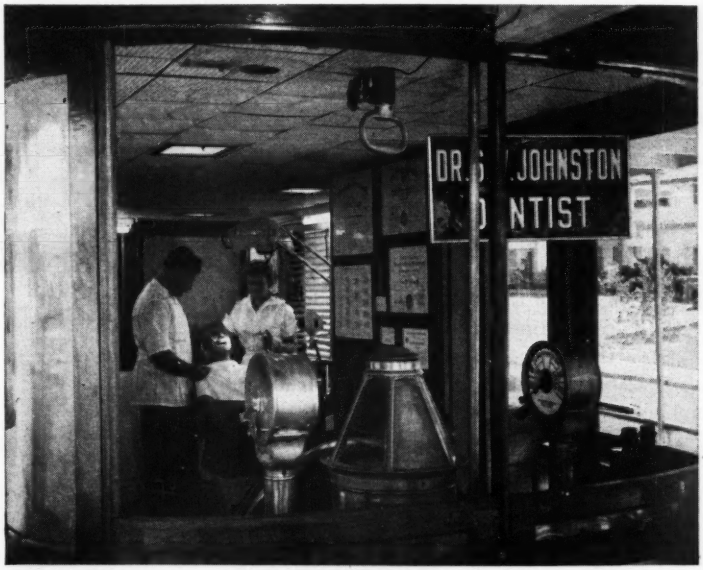

DOCTOR Sam Johnston of Fort Lauderdale, Florida, is shown treating a patient in his office aboard a luxury yacht anchored offshore. A small speedboat delivers patients to the yacht. They take a seat in a deck chair, where they can throw a line over the side and fish from the "reception room." When it is time for their appointment, they are ushered into a fully equipped, air-conditioned office; and during treatment they have a view of the ocean through the cabin windows. Doctor Johnston and his family live on the yacht, which has four bedrooms. When vacation time arrives, he starts out on an ocean cruise.—*Graphic House photo from Grit, Williamsport, Pennsylvania.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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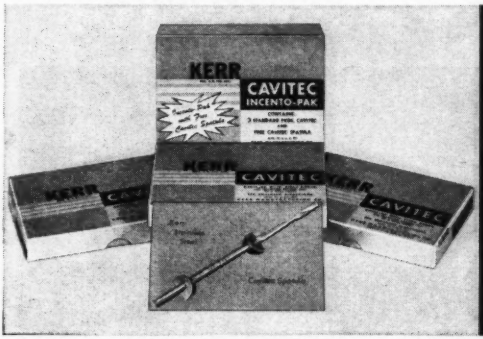

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Operative dentistry under general anesthesia is a reality in Los Angeles.

Special Hospital for Dental Care*

IN THE newly opened $1,750,000 Southern California Dental Hospital in Los Angeles, complete facilities for administration of general anesthesia for all types of dental treatment are available for the first time under a practical and economically feasible plan.

The new hospital operates on the same basis as a general hospital. Staff membership and use of hospital facilities is open to any qualified, licensed dentist.

Facilities in the new structure include 16 operating rooms, 4 equipped for oral surgery and 12 for operative dentistry. In each of these rooms are the latest in modern, high-speed dental equipment. Each is complete with cardiac arrest equipment, including a heart pacer, defibrillator, cardio-scope and EKG recording machine. Each is equipped for administration of a general anesthesia under a qualified anesthesiologist.

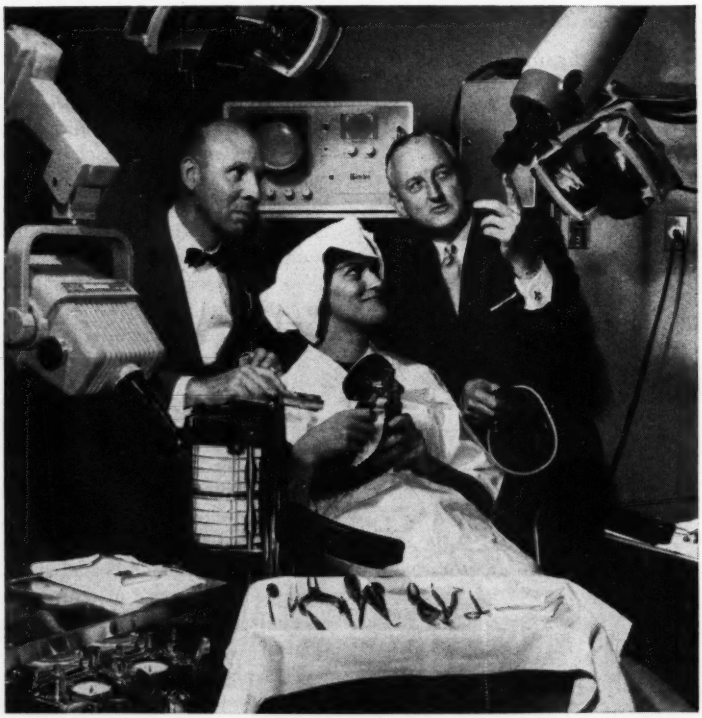
There are 30 recovery rooms and 50 patient rooms, complete with individual, bed-side controlled television, enclosed patios, sliding glass doors and electronically controlled drapes and beds. The hospital's ultra-modern kitchen is staffed and equipped to prepare all individual specialized diets required by patients.

There is a two-way communications system to operating, patient and recovery rooms, complete air conditioning and complete laboratory and X-ray facilities. The medical records section is under the direction of a registered record librarian. All patient scheduling and inventory control is by IBM.

A closed circuit television system connects the dentists' lounge and the employees dining hall, which can be converted to a meeting hall, with one of the operative and one of the oral surgery operating rooms.

"The Southern California Den-

*This is an exclusive story prepared for ORAL HYGIENE.



ORAL SURGERY—Latest and finest equipment available surrounds (left to right) William N. Scott, MD, chief anesthesiologist; "Patient" Rosemary Thorpe; and Leonard McEvoy, DDS, chief of staff, in one of the Southern California Dental Hospital's four oral surgery operating rooms. Equipment includes (lower left to upper right): Heidbrink anesthetic machine, General Electric portable X-Ray machine, Birtcher cardioscope, with electroencephlogram lead, and closed circuit television camera, which focuses on same control as the overhead Castle light.

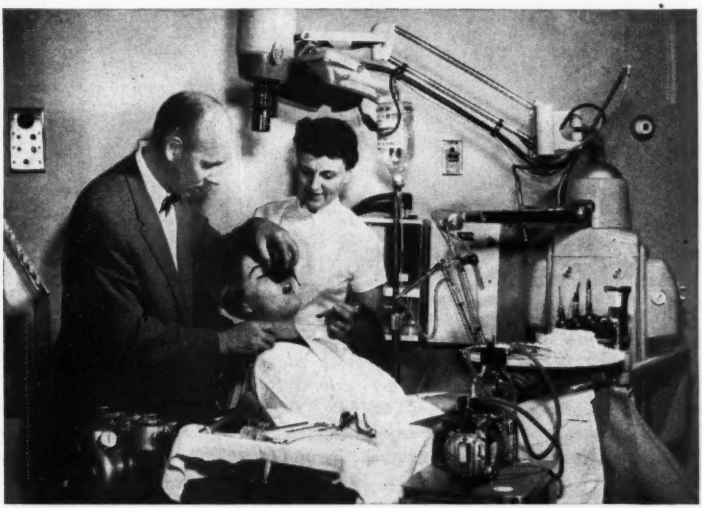
tal Hospital is designed to help satisfy the present and growing demand for operative dentistry under general anesthesia," explains Leonard McEvoy, DDS, hospital chief of staff.

In most cases, the general hospital is not equipped to offer general anesthesia facilities for operative dentistry, even when the hospital does have a dental department. When such facilities are available

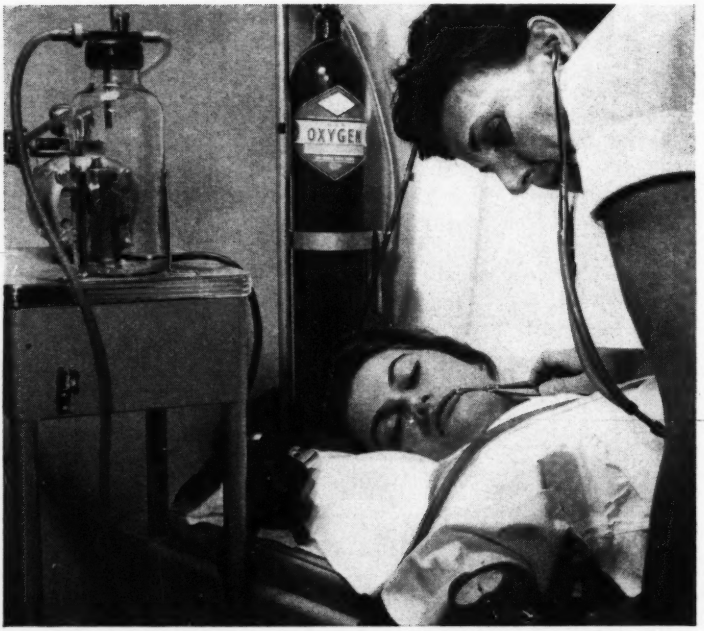
in a general hospital, their cost is almost prohibitive. The wide activity range of the general hospital means a larger budget and a higher prorated cost to any specialized activity. Under a program devoted exclusively to dentistry, the Southern California Dental Hospital operates more economically, allowing the staff-member dentist to provide improved and more comfortable dental treatment for his patient at little or no increase in cost.

Under general anesthesia, operative dentistry that might otherwise have taken several weeks may be accomplished in one day. No longer must the patient expect multiple stage treatment under a local anesthetic, followed by several recovery periods.

Instead, he can look forward to one operative procedure and, as necessary, special round-the-clock



OPERATIVE DENTISTRY—Unusual array of equipment in one of the Southern California Dental Hospital's 12 operative dentistry operating rooms includes: McKesson Narmatic anesthetic machine (lower left); closed circuit television camera on overhead Castle light; and Airotor,® contra-angle dental drill. William N. Scott, MD, chief anesthesiologist, adjusts nose mask on "Patient" Rosemary Thorpe, as Nurse Zoela Zavas, stands by with Vacudent nozzle and tube from Vacudent unit in wall box behind her. The closed circuit television camera focuses on the same control as the Castle light. Television monitors are located in the Dentists' Lounge and in the Employees Dining Hall, which can be converted to a meeting room.



RECOVERY ROOM—Zoela Zavas, RN, chief of surgical nurses and chief of the Dental Hospital nursing staff, checks blood pressure of "Patient" Rosemary Thorpe, while demonstating the use of the Gomco aspirator. Each of the Hospital's 30 recovery rooms is equipped with oxygen bottle and nose mask. The Southern California Dental Hospital also has 50 semi-private patient rooms, complete with electrically controlled beds and drapes, bed-side controlled radio and television, and enclosed patios.—Photographs by Watson Brothers, Los Angeles.

care by registered nurses, specially prepared foods, and all in most pleasant and economical surroundings.

"Special instructions and training sessions are provided for general practitioners not used to working with general anesthetics," Doctor McEvoy says. The hospital is staffed with expert anesthesiologists and the latest laboratory equipment, insuring the finest facilities and greatest safety.

"The hospital staff now numbers about 500," says Doctor McEvoy. "Included on the staff are committees on approval of staff applications in all four major branches of

dentistry: Oral surgery, general practice, periodontia, and pedodontia."

The Southern California Dental Hospital is financed and developed by the American Hospital Building Corporation, Los Angeles. It is operated by the American Hospital Management Corporation, 740 South Western, Los Angeles, successful managers, lessors or owners of over 30 hospitals in the Western part of the United States.

Functional design and beauty of the new hospital are the work of Kegley, Westphall and Arbogast, AIA, and M. J. Brock and Sons, Incorporated, building contractors. Kegley, Westphall and Arbogast are also architects for the $4,000,000 dental square which will surround the dental hospital in the 4700 block of Sunset Boulevard in Los Angeles.

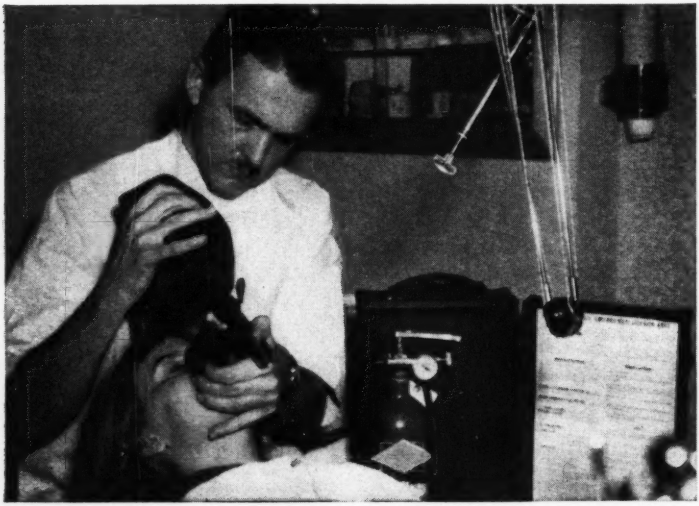
INTERPROFESSIONAL RELATIONS

"THE MEDICAL profession can well afford to take the lead in seeking mutually dignified relations with the sciences and health professions to which it is allied."[1] Leake has drawn attention to the opportunities afforded by cooperation with fields related to medicine such as dentistry, pharmacy, veterinary medicine, nursing, and public health.

The American Medical Association has had cordial relations with these groups on the national level, cooperating in various ways. The program at the Annual Meeting of the American Medical Association often includes contributions from representatives of such related organizations and contact is maintained throughout the year in one way or another. These contacts could be extended by inviting members of such organizations to attend national, state, and county medical meetings and participate to a greater extent. As Leake points out, however, this must be done with tact, sincere good will, and wisdom.

A further possibility includes interprofessional meetings at local levels, promoting cordial and mutually respectful understanding between the various members of the health team. These include all those who participate scientifically, technically, or humanistically in the health effort. All have a common purpose, which is a worthy one. The importance of promoting good morale in the team will serve not only the physician but his patient as well. It is a worthy undertaking and should be supported by the medical profession.—*Editorial, The Journal of the American Medical Association.*

[1]Leake, C. D.: Interprofessional Relations, Pharos of Alpha Omega Alpha **22**:177 (July) 1959.



Why Have Oxygen in Your Office?

BY WILLIAM R. THOMPSON, DDS

On the basis of his own experiences this author discusses the widespread need of oxygen for emergency and therapy in the dental office.

OXYGEN'S great resuscitative qualities have been recognized for a number of years. The use of oxygen is now well on its way to becoming a standard item in dental offices. There are two basic reasons for this trend: the dramatic life-saving power of oxygen *and* its highly important therapeutic worth.

It is the availability of oxygen plus the knowledge and apparatus needed to utilize it properly in emergency situations that are of the utmost importance. (Contrary to popular belief, oxygen therapy and resuscitative equipment need not be expensive.) There are, of course, many procedures, drugs and antidotal techniques that can

be used to relieve emergency situations, but oxygen seems to offer the safest, surest and most apt-to-be-successful corrective for a majority of office mishaps. Our purpose here is to review some of the more common emergency situations and to discuss briefly their symptoms, treatment, and prevention.

In the dental office most serious emergencies are provoked by improper administration of anesthetics, although they may also occur under any situation and from any cause. The point is that you should always be prepared to handle *any* emergency.

Syncope (fainting) is perhaps the most common emergency in the dental office. This frequently occurs just before, during, or following the insertion of the needle when a local anesthesia is administered. Patients are likely to complain about feeling "faint," nauseated, and weak, prior to losing consciousness. Steps to comfort the patient should be taken immediately. The head should be as low as possible with the patient lying back in the chair. And, according to Monheim,[1] "Oxygen, which should be available in every dental office, [should be] administered. . . . The patient should then be re-evaluated to determine whether the dental treatment should be continued or terminated, since an episode of fainting may disturb some patients more than is apparent immediately. The hasty use of analeptic drugs such as nikethamide, pentylenetetrazole, or caffeine and sodium benzoate, should be avoided unless their use is specifically indicated."

[1]Monheim, L. M.: Treatment and Prevention of Emergencies Incidental to the Use of Anesthesia and Antibiotics, Journal of Oral Surgery, **15**:289 (October) 1957.

Toxic Reaction

Another type of emergency is precipitated when the patient has a toxic, idiosyncratic, anaphylactoid, or allergic reaction to an anesthetic. As with many emergencies, this specific situation can often be avoided by proper questioning of the patient before the anesthetic is administered. If there is any doubt, the patient's physician should be consulted.

Any local anesthetic can cause a toxic reaction. In nearly all cases this type of emergency is caused by intravascular administration of the anesthetic solution. This correctly suggests, then, that the best prevention is extreme caution in inserting the needle. The routine use of the carpule-aspirating syringe should almost eliminate this danger. However, the first symptoms of toxicity are talkativeness, fear and slight excitement. As soon as these signs are observed the injection must be stopped. Oxygen should be given at once. An intravenous barbituate such as pentobarbital or Seconal® should also be given if the patient does not recover completely after receiving oxygen.

In the idiosyncratic reaction the symptoms are virtually the same as they are for a toxic reaction, even though only a minute amount of the anesthetic solution has been administered. The treatment, too, is the same. Actually, idiosyncrasies are rare. The best prevention is a thorough knowledge of the patient's preanesthetic history. If the patient is likely to have an idiosyncratic reaction, the anesthetic should not be administered on a hot day.

The symptoms of an allergic reaction are those associated with rhinitis or asthma, as well as urticaria and angioneurotic edema. Fortunately allergic reactions to local anesthetics are extremely uncommon. A patient who is allergic to certain anesthetics will usually tell his dentist about it before any injection is made. However, it is up to the dentist to *ask* about possible allergy beforehand.

In treating this type of reaction it is especially helpful to administer oxygen quickly if the respiratory or cardiovascular systems are affected. Often oxygen therapy will relieve the symptoms completely. Where other antidotal measures are indicated it will usually be necessary to administer a barbiturate intravenously or to treat skin eruptions topically.

The anaphylactoid reaction to a local anesthetic, though rare, is one of the most serious emergencies that can arise in a dental office. It is sudden and dramatic. There is a vasomotor collapse and it may not be possible to feel the pulse or determine blood pressure. Medical help should be summoned at once.

Medical Emergencies

Emergencies that have no relationship to dentistry, such as heart failure or a cerebral hemorrhage, can, of course, take place in the dental office as well as any place else. In such cases the immediate administration of pure oxygen can often sustain life until further assistance arrives. While such emergencies are extremely rare, the dentist who can administer first aid efficiently is in far better position than one who cannot or does not. In any event, medical authorities agree that a minimal requirement to handle emergencies should be a supply of oxygen and the means of administering it properly.

A further interesting aspect of office emergencies concerns their *legal* ramifications. For example, the increasing frequency of malpractice suits suggests that the wise dentist will protect himself in as prudent a manner as he can against possible legal action. Two things in particular will help to strengthen his legal position: a basic knowledge of how to treat emergencies, including access to the proper apparatus, drugs, and other necessities, and, if possible, an agreement with a nearby physician to provide immediate aid

should an emergency occur in the office. As stated here, the importance of having oxygen on hand and accessible at all times cannot be overemphasized!

Therapeutic Aid

Oxygen is also a valuable therapeutic aid in many cases. For example, oxygen therapy is especially useful in treating Vincent's infection and other periodontal diseases. In his article OXYGEN THERAPY IN THE TREATMENT OF VINCENT'S INFECTION[2] Doctor Rowe Smith points out: "My experience has been that direct insufflated oxygen therapy is the most effective means for rapidly stopping the progress of Vincent's infection, eliminating etiologic factors, aiding in repair of the tissue damage without further injury, and preventing recurrence."

The procedure used by Doctor Smith to treat Vincent's infection is to insufflate the affected area using a flat oxygen needle. This therapy is repeated as often as needed at intervals of 3 to 5 days until the condition disappears. In most cases the patient's condition is greatly improved within 24 hours of the first oxygen treatment.

The prophylactic use of oxygen in general dental practice is also gaining in popularity. After a long session in the chair a patient is considerably refreshed by a few minutes of oxygen therapy. This not only pleases the patient but also has an excellent effect on others in the reception room who might expect to see a rather bedraggled, washed-out looking person come out of the inner office. Seeing someone who is fresh-looking and cheerful after a dental appointment helps greatly to make other patients feel relaxed and at ease.

It takes little time to master the technique of administering oxygen for either emergency or therapeutic use. Oxygen therapy and resuscitation units are not expensive and are readily available throughout the country. Thus a small investment in time and money can reward the dentist many times over —both in terms of ability to handle emergencies *and* for the more effective treatment of his own patients.

2945 *Monroe Street*
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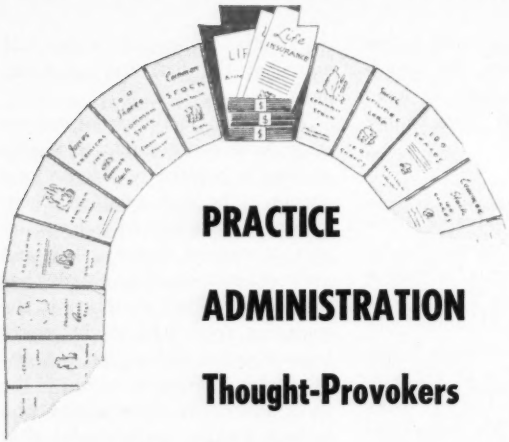
[2]Smith, Rowe: Oxygen Therapy in the Treatment of Vincent's Infection, DENTAL DIGEST **53**:14 (January) 1947.

NOTICE

WHEN you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



PRACTICE ADMINISTRATION Thought-Provokers

*BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA**

Who Pays The Income Taxes?

The Economic Research Department of the United States Chamber of Commerce points out that the "rich" do not bear the income tax burden. Of the 29 billion dollars collected in personal income taxes, 85.4 per cent was paid by the people in the lowest income tax bracket (taxable incomes of less than $4000).

Widow's Social Security Benefits

There is some confusion about the Social Security benefits that widows are entitled to receive. The widow's benefits are always three-fourths of the amount to which her husband would have been entitled if he had lived to retirement at age 65. The benefits are not reduced because the widow starts to collect benefits at 62, rather than waiting to 65. The confusion arises from the fact that women retiring before 65 and receiving benefits based on their own earnings do have their benefits reduced.

Property Records

Do you know what you own and when you bought it? It is imperative that you have complete records on the furniture you own, your house, and any other possession of value. If it is lost or stolen, report it to the police immediately to establish a record of loss. The

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis.

record is necessary to show the value of the item lost, stolen or destroyed, for the insurance company or income tax authorities. You may claim only the depreciated value of the asset, not what it cost you. To get the value you are entitled to, you must have proof in the form of adequate records.

Common Stock or Life Insurance

Many times the question is asked, "Should I buy common stock or life insurance?" Unfortunately, it is not an "either one or the other" proposition. It has been stated before in this column that the keystones of any investment programs are:

1. An emergency fund in cash equal to about three to six months income
2. An adequate life insurance program

Only when he has fulfilled these two requirements should the dentist think about common stock as an investment.

Benefits of Preparing Income Tax Returns Early

Always compute your approximate income tax before the year end. This information helps you in deciding whether you should make contributions to churches, charities, and schools, this year or postpone them until next year; and whether you should take gains or losses on investments now or next year. Advanced preparation provides information, which can result in considerable tax savings.

Government Bonds

Now is the time to buy government bonds. Interest rates are higher than they have been for twenty-five years. Many issues of United States Government bonds are selling at a discount (less than face value). You can buy some issues for 85 cents on the dollar, and when interest rates decline they will appreciate in value. If a government bond increases in value from 85 cents on the dollar to 100 cents on the dollar, the 15-cent gain is taxable as a capital gain. In addition, many issues of United States Government bonds are acceptable at face value in the payment of estate taxes even though you bought them at a discount. To buy United States Government bonds which are traded in the market, see your banker. Remember, buy marketable bonds, not Series E or the savings bonds—these have none of the features mentioned here.

The Self-Employed Individual's Retirement Act of 1959

This act, usually referred to as the Keogh Bill, is almost certain to be ultimately passed by Congress. It opens the way for professional

men to receive the tax benefits that have been available to employed persons for years in the form of pension and retirement plans.

What are the principal features of the Bill:

1. It allows a tax deduction of 10 per cent of net earnings not to exceed $2500 in any one year.

2. The total payments into the retirement fund may not exceed $50,000 and still be tax deductible.

3. The earnings on the fund, if invested, are not taxable until retirement.

4. Payments must be paid either to a trustee of a restricted retirement fund or to a life insurance company for a restricted life insurance policy.

If the Keogh Bill passes Congress and is signed by the President, the question will arise, "Can I afford it?" The answer is you cannot afford not to start the plan immediately. Tax savings on retirement funds of $30,000 to $50,000 will be approximately 20 to 80 per cent of the value of the contribution.

For The Sake Of Your Heirs

There was a man who had a perverted sense of humor. He deposited funds in 30 different banks under fictitious names. Upon his death, his heirs spent considerable sums of money in locating and establishing their right to the funds. Many of us unwittingly do essentially the same thing. Inadequate records will make our estate a treasure hunt. To avoid this, you can appoint a trustee (usually the trust department of a bank) who will make it his business to know where everything is, and you can turn your estate problems over to him.

Financing An Office Building

The advantages of building an office and clinic were described a few months ago in this column. Several dentists have asked questions about financing such a building. It is possible if you own the land to construct a building today and borrow 80 to 100 per cent of the money to finance it. Each case must be decided on its own merits, but your chances of getting financing are improved if you are to have a number of physicians and dentists in the same building. Strangely, the larger the amount, the easier it is to get the money. If you have such problems, write to Practice Administration Thought-Provokers, ORAL HYGIENE, 708 Church Street, Evanston, Illinois, and we will try to give you a solution if the matter is not too involved.

How To Insure Inefficiency

Every dentist has trouble finding qualified assistants and office personnel. Patience is required to develop and utilize the skills of these people. Here are some ways to insure the poorest possible performance from your personnel:

1. Do not trust anyone—check everything yourself!
2. Point out the smallest errors—after all, you are paying their salaries.
3. Keep them in their place—your professional standing depends on remaining as aloof and cold as possible.
4. Demand a perfect performance—make no allowances for unexpected developments.
5. Do not praise your personnel—you may display weakness and discipline will break down.
6. Do not let them criticize or make suggestions—they may forget who is running the show.
7. Above all, do not let them know what is expected of them—anyone should be able to see what there is to be done. It is clear to you.

College Loan Plans

A number of banks throughout the country offer plans to the public for financing a college education. Generally, the bank will loan a parent enough money to cover the cost of four years or less of college education. The amount the bank will loan usually includes the price of books, tuition, and room and board. The parent is allowed to spread the payments over as long as six years. There is, at least one bank, The Manufacturers Trust Company of New York City, which will make loans up to $10,000 for education at any school, regardless of location, and for graduate as well as undergraduate education.

Long-Time Dividend Payers

There are companies, which have paid dividends continuously to stockholders since 1853. Such records are admirable, but they tend to lull the investor into a false sense of security. Past records should not always be accepted as an indication of future performance.

Credit Practices

Professional men perform valuable services for which they should be paid. There are a few simple rules that you should follow which will reduce delinquent accounts:

1. You should start controlling delinquent accounts and improving

collections before the patient enters the operating room, by requesting the patient's correct name, address, and place of employment.

2. Always explain, when the bill for your services and materials is rather large, what it will be and then arrange for payment. Have a complete understanding with the patient as to the nature and cost of the service to be given.

3. In the case of a patient who is not well known to you, it may be wise to run a routine credit report on him, particularly if you expect a large outlay for laboratory service.

4. In sending statements, always use a sealed envelope—never a postal card or any other means of communication, which might be seen by a third party. You may be liable for damages for invasion of privacy.

Washington University
St. Louis, Missouri

THE COVER

WE DEDICATE our December cover to the annual campaign of the American Dental Association Relief Fund. A goal of $100,000 has been set—a sum that has been exceeded annually for the last seven years. The 1958 drive surpassed the goal by $10,668. The average contribution was $4.25. This year each dentist, it is hoped, will contribute a minimum of $5.

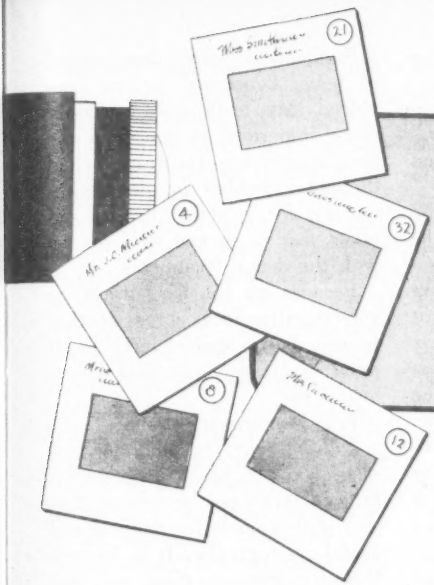
"Thanks to the continuing generosity of dentists everywhere, the Relief Fund has been able to help members of the profession who through accident or illness are unable to help themselves," said Doctor H. R. Bleier of Milwaukee, chairman of the Council on Relief.

Doctor Bleier noted that every dollar contributed goes for relief purposes. All administrative and promotional expenses are met by the American Dental Association. One half of each contribution from dentists in your state will be returned for use by your own Relief Fund.

Please send your contribution *today* directly to the ADA Relief Fund, 222 East Superior Street, Chicago 11.

"NIKITA MAY SCARE MOON BUT NOT DENTISTS"

"[In refusing to give up the Waldorf-Astoria ballroom for Nikita Khrushchev's luncheon], we think the dentists have shown independence and strength. It might be a good idea to put some of them in Washington to handle matters where a firm policy is needed."—*From H. I. Phillips Column, Atlantic City (New Jersey) City Press.*



How to Convince Patients

BY FLORENCE HALVERSON

A patient reports on her dentist's method of using visual aids to describe his plans for dental treatments.

As a patient, I was not only *convinced* by the way my dentist explained the dental treatments he proposed to do for me. I was also *impressed.*

He did not stop with pointing out on the x-rays where the trouble lay. He went on to *show me*—with charts and models and colored slides — the reconstruction he planned to do. And to explain, in a way that I could understand, what it would do for me.

When I first entered his office I noticed a slide-viewer on a cabinet beside his desk. After we had looked at my x-rays, he turned to this viewer, slipped a slide in it, and said: "Now I want you to see a picture. This patient was in far worse trouble than you are."

He switched on the light and I saw a dentist's-eye view, in full color, of an upper mouth with nothing but the stubs of four teeth. My immediate reaction was, "Thank heaven, my mouth is not in that condition. And I certainly don't want it to be."

In a matter of seconds that one picture had made me more recep-

tive to suggestion than anything anyone could have said.

Quickly, my dentist slipped another slide into the viewer. "Now," he said, "I want you to see what we did for her."

The contrast was so dramatic that I fairly gasped. "How in the world did you do it?" I asked him. I can't imagine anyone reacting any other way. And I'm sure that was the question he wanted to hear because it meant that I was interested. I was ready to listen to the explanation he wished to give me.

"This was a far more complicated job than yours will be," he said. "But I wanted you to see it because it shows you what we can do. And I think you can see why the *way* we are talking about doing your dentistry is the *best* way to do it.

"In your case," he said, "we are going to have to replace these teeth that must be extracted. You can see here (and he showed me a diagram) how teeth will drift if they are not held in place. Also the trouble this can lead to.

"That's what happened in this case," he said, slipping another slide into the viewer.

As he explained every step of what he would be doing to my mouth—and why it was necessary—he showed me actual pictures of similar reconstruction he had done for other patients. I could see how it would look and fit. And I could understand why I would be satisfied with it.

Suddenly I realized that, instead of being concerned, I was convinced. My teeth were certainly more important to me than the new living-room furniture I had thought I couldn't get along without. I'd forget about that for another year or so and we'd get on with the dental treatments.

Because my job has always involved getting ideas across to other people, I was particularly interested in the way my dentist had helped me.

I had endless questions:

Did he take the pictures himself? . . . "Oh, yes. With a special little camera (and he showed it to me) that is made for medical and dental photography. It is focused for close-ups—as close as four inches. I had this simple wire frame made for it. It attaches to the camera and rests against the patient's chin to hold the camera steady in the right position. The flash is synchronized with the shutter. It is simple to use", he said. "And virtually foolproof."

Do the patients object to his making before-and-after pictures of their mouths? . . . "Not at all," he said. "They realize there is nothing in the picture to identify them. And, besides that, they are usually interested."

Do the pictures make it easier for you to explain services to your patients? . . . He smiled. "You have no idea how *much* easier. Particularly this full-mouth reconstruction. (A few minutes before,

that term would have floored me. But, having seen the pictures, I knew what he was talking about.) It is relatively new. People are not used to the idea. Or to how much it costs.

"If I simply went ahead and gave the service without explaining it to them—and then sent them a bill—they would think I was a highway robber. But after they have seen the pictures they can understand why this type of reconstruction is going to be more satisfactory for them. And why—because it is more stable—it's going to be less expensive for them in the long run. It would be hard to get that across with words.

"Suppose," he continued, "that I'd started talking to you about a full-cast veneer crown. What would that have suggested to you?"

"The only thing 'veneer' means to me," I told him, " is furniture that chips off! Not something I'd want in my mouth!"

"That's the trouble with words," he said. "You never know what they are going to suggest to other people. But when I can show you pictures like these, you know exactly what I'm talking about—because you can *see* it."

The cabinet for his viewer and slides and camera—was that something special? . . . "Not expensive," he said, "but special. My son designed and built it for me—the one who is in medical school. My other son is trying to decide whether he wants to study dentistry. So he is here in the office with me this summer—as an observer."

"Be sure," I said, "that he observes how you explain what you're going to do. That's important—to the patient!"

"It's important to the dentist, too," he said. "It prevents all kinds of misunderstandings. Besides that, these pictures help me persuade my patients to let me give the kind of service that will be most satisfactory for them. And that is the only kind of dentistry I'm interested in doing for my patients.

"It is easy for us dentists to get so busy 'plugging holes' that we sometimes forget about the whole mouth. And the patient almost never thinks about dentistry in those terms. He usually thinks about just *one tooth*—the one that is hurting him at the moment! And he's not going to think about his whole mouth—and how it can affect his whole health—unless we educate him to do it.

"But we cannot educate him with words alone. In the first place, the patient does not understand the terms we use. In the second place, he cannot see the inside of his own mouth.

"That's why I try to *show* him—with pictures. It's the only effective way I've found to get the idea across so the patient and I understand each other."

Route 2, Box 14
Lamar, Arkansas

Careful attention to many details is necessary to produce satisfactory inlays and crowns.

The Dentist at Work:

Finishing the Inlay and Crown

PART II

BY CHESTER J. HENSCHEL, DDS*

THESE are the steps essential for finishing the inlay and crown:

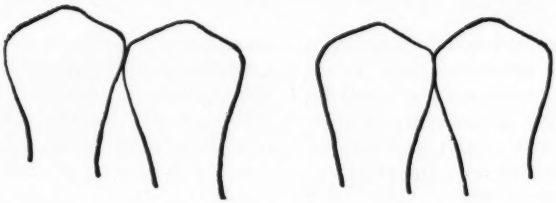
1. Testing for gingival impingement
2. Leveling and contouring marginal ridges
3. Functional adjustment and recarving
4. Approving or correcting general anatomy
5. "Feel" or resistance to removal or seating
6. Final polishing and cleansing

ADJUSTMENT: With a good technique, gentle pressure or biting on a soft wood stick usually seats a casting. Once in place, with contacts approximately correct, check margins and coverage of preparation with a sharp explorer. One sign of impingement is blanching of adjacent tissues. Examination discloses previous accuracy in "reading" the die. Overhang or excess can be reduced and margins reknifed. Underextension is corrected with burnished gold or platinum foil on die and solder—or complete remake.

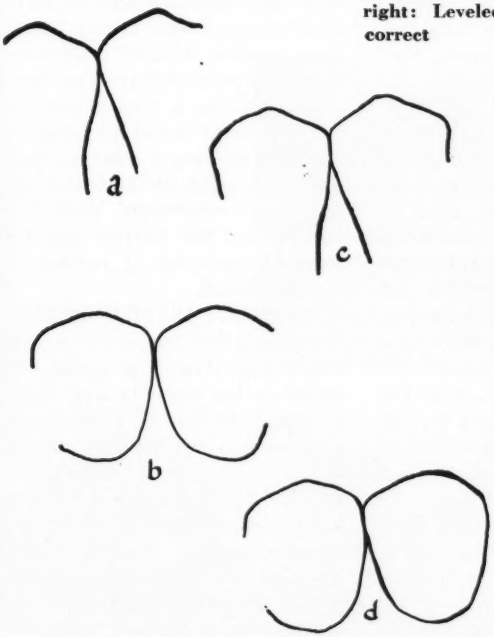
Marginal ridges should be leveled to those of adjacent teeth. Never should there be highs and lows with plunger cusp possibility and potential food impaction (Fig. 1). Marginal ridges should never be sharp and squared, but gently, biologically, rounded as are natural teeth. Waste gates or supplementary grooves should be carved or cut for easy chewing.

While marginal ridges should be rounded, contact points should not

*Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science. He has published more than fifty articles.



1—left: High and low marginal ridges—wrong
right: Leveled marginal ridges—correct



2—left: Billiard ball-like contact—wrong, a and b
right: Area contact—correct, c and d

be *point* contacts. The term "contact point" is a poor one. A better one is contact *area,* a broad contacting surface, not like two billiard balls kissing (Fig. 2). The contact area should include much of the occlusal half of the total clinical crown.

In checking solidity or shyness of contact, dental floss is so heavy

it can be misleading. Floss as it comes is satisfactory for rough checking; more accurate determination may be made by splitting the floss with a sharp explorer and using only half the usual filaments. Do not fail to *look* at the contact; isolate with cotton, dry, and reflect light with mouth mirror. A sharp eye may see space where contact should be. Add solder. Regular floss yields an audible snap even when a small space exists. Food impaction is dangerous.

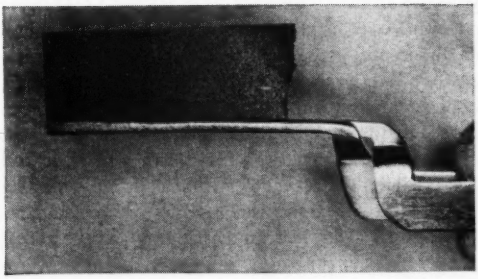
OCCLUSAL CORRECTION: Only after contacts are perfect can occlusion be checked successfully. A too tight contact may drive an adjacent natural tooth into a prematurely distorting functional occlusion, interfering with adjustment. Good dentistry avoids perpetuating an occlusal deformity; should the opposing tooth be too long, reshape it and idealize the new casting. Try not to create deep fossae into which long cusps fit. Naturally, this concept should be explained carefully to the patient. Never give the impression that the dentist is grinding the natural opposing tooth to fit the new casting. Yet by so doing, we can perform greater service provided we are sincere and the patient properly educated.

PREMATURITIES: To test for premature occlusion, dry the casting and opposing teeth. Use thin, soft-finish articulating paper or ¾ inch silk typewriter ribbon in a holder (Fig. 3). The special articulating paper holder is easier to use than cotton pliers. Besides, with its use the beaks of cotton pliers are not contaminated by retained pigment. Because polished gold is difficult to mark, sometimes a thin solution of white chloropercha on the surface is useful.

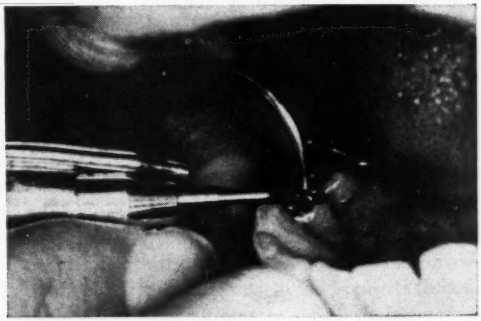
Occlusal interferences are best dressed down with light pressure of a small carborundum stone at 25-50 thousand rpm *with* a water spray coolant. A small inlay may be held in place with some suitable instrument like a Cooley pick to avoid stoning it out of the preparation and injuring a margin (Fig. 4). After repeated tests, and all functional movements show no interference, the casting may be removed, recarved if necessary, and repolished.

POLISHING AT THE CHAIR: Here are a few time-savers worth mentioning: Tripoli is useful for polishing but crumbly and dirty to handle. It may be melted into an artist's or dappen dish, which then serves as a neat container. To keep the holding fingers of the left hand clean, unscratched, and comfortably cool during rapid polishing, wear the thumb and a finger or two of a golf glove. The leather prevents sharp margins from cutting, and gold, heated by friction, does not burn the skin. With the glove one can polish rapidly and effectively (Fig. 5).

ANATOMY: The cast restoration should approximate the graceful contours of the natural tooth.



3—Articulating paper holder



4—Cooley pick used to hold inlay down while grinding gold

5—Golf glove on fingers holding casting. Note glass dish as holder for tripoli.

Too often artificial jackets and crowns are almost tubular, lacking, among other things, the bulkiness and curve inward at the cervical third. Without natural tooth bulk, food can injure delicate gingival

crests; with it food is deflected and the tissues are protected (Fig. 6). While the correct place to create anatomy is in the laboratory during wax-up, if absolutely necessary, solder *can* be flowed free hand. This is not really advisable, but it is better than cementing an inadequate restoration and sometimes easier than complete remake.

RESISTANCE TO SEATING: One of the last steps is to check whether the casting can be cemented to place easily. The operator must become familiar with its "feel." Should it be apparent that the casting is still too tight, or difficult to get "down" it is better to free it now. Appreciable resistance plus back pressure of fluid cement may prevent complete placement during final setting. Sharp burs and sand blasting are the popular ways of insuring easier cementation. Practice seating several times rather than end with cement margins and a "too high" casting.

READY FOR CEMENTATION: Finally, trip handles are ground away and gold repolished. Examine all margins with a good lens. Make sure they are sharp, clean and polished. Lastly, heat the casting to a dull cherry red color and drop into 95 per cent alcohol. The flaming will drive off any acid retained in casting pores, burn off polishing debris, sterilize and anneal the gold. For acrylic veneers or a bridge, soak overnight in water or for over four hours in sodium bicarbonate and wash. Then carefully examine with a good lens and brush with clean water or alcohol.

SUMMARY: The finishing process is a vital and critical phase of inlay or crown construction. A high-power examining lens is most useful in finding defects. No adjustment may be slighted, since any inadequancy may result in failure easily prevented with a little conscientious carefulness.

TEETH, LIP SERVICE, AND A SCHOOLSIDE MANNER

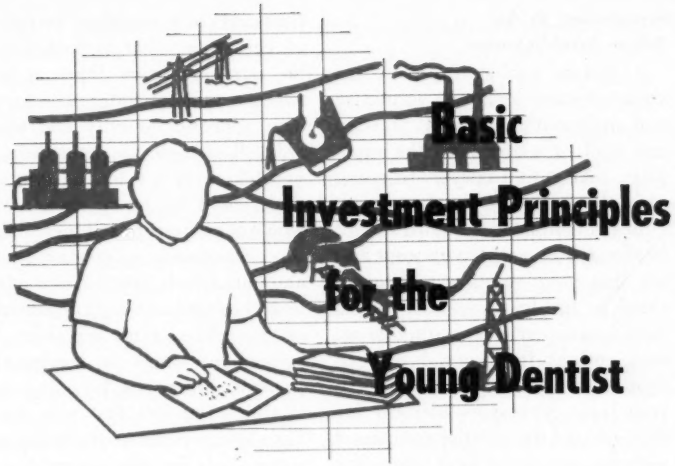
Q. What is man's most common disease?

A. Tooth decay, which attacks 95 per cent of our population.

Q. How serious are oral disorders?

A. They contribute to many physical, mental and emotional health problems. Today, 30 per cent of children in any given age group require orthodontic treatment, and it is probable that the present crop of youngsters will lose fully half of their teeth by the age of 40.

Those facts, still not fully understood by a substantial segment of the medical profession, are brought out by Harold R. Harlan, DDS, of Newark, New Jersey, to point up the need for improved health programs in schools.—*The Journal of the American Medical Association.*



BY KEITH SUTHERLAND, DDS, MS

If you begin the study of investments early in your career, it may become an interesting hobby for you.

THE NEWLY graduated dentist has a highly specialized educational background. He is fully qualified to treat the dental diseases of his patients. He is able and willing to afford them a more comfortable and healthier future through his knowledge of preventive dentistry and dental health planning. But what knowledge does he possess relative to the establishment and maintenance of a dental office? How well qualified is he to formulate an intelligent plan to provide for the present and future comfort and security of himself and his family?

Below, we will present fundamental factors which we hope he will study and analyze as to their importance relative to his own individual needs. If the following axiom is learned and remembered, the first step toward financial comfort and security will be firmly established. Never invest in anything or formulate any type of investment plan without making a complete and intelligent investigation, and only then, if it completely coincides with the individual needs and goals commensurate with the present and future security of yourself and your dependents.

Investment In An Office Establishment

1. Before you sign a lease for your selected location, scrutinize and analyze it carefully. If you can not read or understand the small print, take it to a lawyer. In going over the terms of the lease with your contemplated landlord do not be shy, tell him what you want and see that your wants are incorporated in the lease. It is better to have a two-year lease with guaranteed options for renewal than to sign a straight ten-year lease. In your lease, be responsible only for the care and the utilities concerned with the interior of your office. Let your landlord take care of the utilities and upkeep of the exterior of the building in a neat and orderly manner. Investigate the parking facilities adjacent to the office. In these days, even rural areas grow fairly fast and parking could develop into a later problem. If you are near a large municipal or private parking area open to the public, one ethical practice-building factor might be informing your patients that you will validate their parking tickets for one hour while they are visiting your office for treatment.

Try to make a deal with your landlord for a reduced rent for the first year or until your practice is on a firmly established basis.

2. If you buy an established dental practice, remember, you cannot buy the whole practice nor the good will of the present patients. Have a complete inventory of everything that is included in the purchase price. Have at least two reputable, disinterested supply men appraise honestly and equitably all of these appurtenances. If you take over a lease, *be sure* you understand its every detail. Men who are anxious to sell their offices do occasionally overestimate the amount of their practice and its potential as well as the physical value of the office. Find out why the present occupant is leaving his practice, where he is going, and establish the fact that you are to have *sole* possession of the files and patient lists for your use *only*.

3. You may have a rich wife or a wealthy, indulgent father who will enable you to build an office. Give much thought and analysis to such a procedure. There are certain economic laws that apply to such an undertaking relative to its size and location. Build for the future. Buy a lot that can be expanded to accommodate parking facilities. You can easily finance such a project if you own the lot and you can operate virtually rent free with your tenants paying off your mortgage. Be sure you give as much thought to the selection of your tenants as you did to the selection of your land. In this type of procedure, you are building an estate.

4. The purchase of equipment, furniture, supplies, insurance, and even plumbing or remodeling charges may be financed. There are many plans for this; below are a

few well established methods:

One plan allows a no limit dollar purchase with no down payment on approved credit; with 6 per cent interest over five years and a delay of four months on the first payment.

Another plan allows a $10,000 maximum purchase over five years at 5 per cent interest. This loan is insured in case of death. The same company has another loan with the amounts being between $10,000 and $15,000. No insurance is involved and the rate is 4½ per cent. No down payment is required on approved credit. First payment is delayed forty-five days.

The GI Loans are still available at 3 per cent per year to a $13,300 maximum. No down payment and first payment delay of forty-five days.

One newly announced plan by CIT Corporation provides no down payment and seven years to pay on a $10,000 loan. This loan provides for smaller payments during the first two years, larger ones during the last two years.

Talk over the various plans with your supply house. First, obtain the information, then investigate the plans yourself before buying. You may also arrange through these plans for the purchase of an established office.

Investment Conduct During the Early Years

After the office is established and the practice is under way certain principles relative to present living and future security should be considered. Live on an organized budget which will keep you within your means. Build a savings account for unexpected emergencies. Whether or not you buy a home or rent will depend on too many factors to be considered in the length of this article. Keep up fire and liability insurance. Take advantage of the accident and health, disability, and life insurance policies that are associated with your membership in the American Dental Association. Read up-to-date literature on security buying, investment funds, real estate, and insurance plans. Make friends with and ask advice of business men. Successful older men in all types of business will help and properly advise any young professional man who is attempting to educate himself for the benefits of a more secure life. Remember that some salesmen are sold on the product they are selling but uninformed on a similar product that better fits your needs. Let insurance men and security salesmen work out plans for your study; there is no obligation for this. After you have an emergency saving fund, insurance, a shelter for your family, and a good income from your practice, start your formulation of an investment plan for your future security. Educate yourself fully in these matters. Never run into a proposition, just quietly walk up and look it over.

If you make the study of invest-

ments an avocation in the younger years of your life it will later develop into an interesting hobby. If your studies prove fruitful, your hobby may become your only means of support in the twilight of your life.

5250 *Canterbury Drive*
San Diego 16, *California*

VISUAL AIDS IN THE PRACTICE OF DENTISTRY*

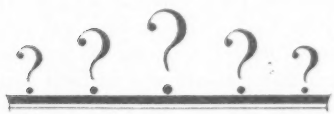
THE USE of visual aids assists in the formation of correct images. People can interpret things only in terms of their own background of experiences; consequently, it is possible and quite probable for a group of learners to form entirely different ideas about the same thing as a result of a verbal description. The instrumentation and technique used to perform an adequate subgingival curettage might be thoroughly described but, unless a person has seen one or has had experience with it previously, he may have formed an entirely wrong idea about it. To form a more complete sensory impression, a picture or model should be used to supplement an explanation. In most instances, the axiom "seeing is believing" is true.

In the practice of dentistry where public education is badly needed, the dentist has several objectives. They are: to restore the patient's mouth to a healthy state; to educate the patient concerning dental problems; and to inform the patient of the necessity of maintaining dental health. The job of arresting a periodontal condition is laborious and 85 per cent of the success of the treatment lies in the hands of the patient. For this reason, the patient should be educated and instructed in a new home-care regime. Technique can play an important role in this phase of the treatment and visual aids will assist or emphasize salient points. Models may be used to facilitate instruction on new toothbrushing techniques where home care regime was poor. Pictures and slides of the condition may be used. In addition the patient may be given some literature pertaining to his condition. These adjuncts will impress upon the patient the seriousness of his problem and make his efforts seem more meaningful.

Often the practitioner has difficulty convincing the patient of the most beneficial restoration for his particular condition. The use of color slides and actual models of cases which have been successful will help at such times to convince the patient of the dentists's intentions and sincerity.

*Excerpts from the prize winning essay in the Block Drug Company Contest submitted by John W. R. Anderson, Senior, College of Dentistry, Howard University, Washington, DC.

So You Know Something About DENTISTRY!



By ROLLAND C. BILLETER, DDS

Quiz 183

1. Do the color and form of porcelain restorations remain constant? .....

2. Physiologically dentine is (a) more, (b) less, flexible than enamel. .....

3. True or false? If a silicate restoration is allowed to absorb water within 2 to 4 hours after the insertion, a soft chalky nontranslucent surface results. .....

4. After the eruption of the first molars is there any appreciable growth of the anterior segment of the mandible? .....

5. Which is relatively insoluble in the stomach? (a) penicillin G, (b) penicillin V. .....

6. Why are first permanent molars rarely impacted? .....

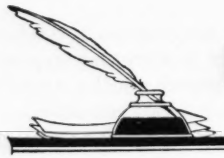
7. True or false? The entire oral environment is conducive to the creation of small cells producing galvanic currents. .....

8. The edentulous patient suffers (a) a constant, (b) no, change in the vertical dimension. .....

9. What is the most common pathologic condition of the tongue? (a) enlarged tongue, (b) small or absent tongue. .....

10. In acute forms of leukemia approximately (a) 20, (b) 35, (c) 55, per cent of patients show some type of oral manifestations. .....

FOR CORRECT ANSWERS SEE PAGES 73 and 74



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

AROUND THE DENTAL WORLD IN FUTURE DAYS

IF YOU were one of the 35,000 who attended the Centennial sessions of the American Dental Association in New York you may have met one or more of the 2400 dentists who were present from the 63 nations represented at the meeting. If you had this pleasure you realized that the problems of dental disease and dental practice are international; that dentists everywhere speak the same language of science; that political ideologies are meaningless in the struggles against disease.

Dental disease is not confined within national boundaries. All people in the world are likely to be afflicted. There are no secrets withheld among the groups that treat disease. Science is universal, and the information of the biologic sciences is passed over frontiers despite the nature of the internal governments. There is free exchange of ideas without embargoes. Disease antedates either capitalism or communism.

Many dentists are not aware that there is an organization which has been created to encourage international cooperation among dentists: The Fédération Dentaire Internationale. The FDI was founded in Paris in 1900. There are now 50 national dental organizations that are affiliated. In the United States there are 1500 members of the FDI. There would be more if the dentists of the United States were more generally aware of the requirements for supporting membership. *Any* member of the American Dental Association is eligible. The annual dues are $15. The dues include a certificate and card of membership, subscriptions to the *International Dental Journal* and the FDI News Letter, and eligibility to attend the annual meetings and quinquennial congresses of the Federation. The next annual session will be held in Dublin, Ireland, 20-25 June 1960.

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[1]Editorial, International Dental Journal 5:393 (September) 1955.
[2]Humphrey, H. H.: Foreword, International Medical Research, Report of the Committee on Government Operations, No. 160, page 9 (April 10) 1959.

One of the noticeable achievements of the FDI has been the establishment in 1956 of a section on dentistry in the World Health Organization. Today there is a dental program in each of the eight regional areas of WHO with a total budget of $180,000. This budget will probably be expanded as soon as the accomplishments have been demonstrated to the directors of WHO. We can be assured that the officers of FDI will make such a demonstration.

Dental diseases are the most universal that beset mankind. Dental lesions throughout the world are numbered in the *billions*. There are not enough dentists in the world to treat even a fraction of these cases. Dental health education and preventive measures are the only present hopes for control of these conditions.

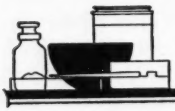
In 1956 the editor of the *International Dental Journal* wrote these prophetic words: ". . . man has seen the dawn of a new era of health and happiness, unshackled by ignorance and neglect, where hygiene and preventive medicine will take their place in the harmony of life. In this structure, the science and practice of dentistry must take its place, since good oral hygiene is synonymous with general health, and the ravages of dental disease are not confined to the oral cavity alone."[1]

Dentists may participate in the humanitarian mission as described by a committee from the United States Senate: "There is no politics or ideology in a cancer cell. A child in any nation, suffering from, for example, leukemia, evokes anguish in the heart of parents and other loved ones, and sympathy everywhere. Men are linked by common pain and suffering. Men are linked also by the common joy of conquering disease and disability.

"Modern science is unlocking riddles which have baffled man from the dawn of time. The secrets of life are being unfolded, including mysteries of the cell. No man now can fully foresee how future discovery may benefit men everywhere."[2]

Every dentist in the United States—whether from hamlet or metropolis, from a modest practice or the most exalted—has the opportunity to make his influence felt in the world-wide affairs of his profession by membership in the Fédération Dentaire Internationale.

Edward J. Ryan



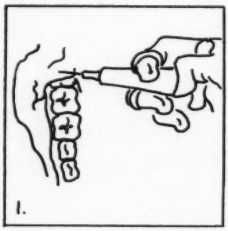
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

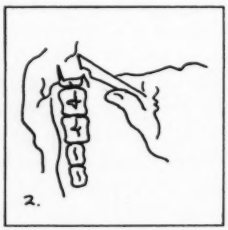
Radical Treatment for Acute Pericoronitis

By A. RANDALL RUSKIN, D.D.S.

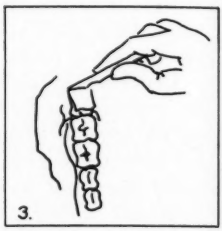
Drawings by Edwin R. Ruskin, M.D.



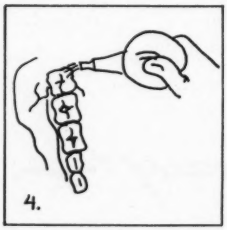
Inject local anesthetic lightly into the firm tissue directly over the crown portion of the partly erupted wisdom tooth.



With very sharp lancet, make two horizontal incisions, antero-posterior, (mesially-distally) about ¼" apart.



Make linguo-buccal incision at distal end of crown portion of tooth so as to remove the gingival tissue section covering the crown portion of the unexposed surface.



Irrigate area with equal parts of H_2O_2 and water.

Note to Contributors

We invite dentists to submit material for this page. $10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

ASK Oral Hygiene

Please send all correspondence for this department to: The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Office Emergency Kit

Q.—I am attempting to make up an emergency kit for use in general practice. I have been able to get together some drugs which I consider valuable in emergency situations; however, I would like to know what an oral surgeon would advise.

I should be pleased if you would list possible dental emergencies, the drugs of choice, their dosages, action, and administration.—H. S., Texas

A.—The emergencies that might possibly occur in a dental office include syncope, cardiorespiratory difficulties, shock, drug reactions, allergic reactions, and hemorrhage.

An oral surgeon has emphasized to me the importance of a dental chair which tilts backward to 15 degrees below the horizontal level (including the foot rest) together with a tank of oxygen, a regulator valve, mask, and breathing bag.

Following are some drugs and dosages:

1. Adrenalin 1:1000, ½ cc intramuscularly. To be used as a heart stimulant.

2. Atropine sulfate 1/150 grain soluble tablets, injected intramuscularly. Acts as a respiratory stimulant.

3. Morphine sulfate 1/12-1/6 grain hypodermically. To lessen pain.

4. Metrazol, 1½-4½ grains orally or injected subcutaneously. Circulatory and respiratory stimulant.

5. Aromatic spirits of ammonia. By inhalation.

6. Phenylephrine solution, 1 per cent. Wet dressing and apply at site of hemorrhage.

I hope this list will be of value to you.

Kidney Stones and Oral Calculus

Q.—A patient of mine has had five bouts with kidney stones since 1947, approximately every two years. Oral calculus deposits form quickly and heavily.

Is there a link between the two conditions? If so, is there medication available to control or prevent it? Can you suggest any prophylactic measures?—D.L.L., Pennsylvania

A.—The precipitation of the renal calculi or cholesterol crystals is believed to be due to stasis and increased carbon dioxide tension within the renal calices. The same process apparently occurs periodontally. However, around the teeth the environment is external and the calcific deposits can be scaled off. Within the renal calix, due to disease of the tract lining, the deposit grows until it closes the lumen and a block results—simi-

(*Continued on page* 60)

larly as one occuring within a salivary duct.

Dentally, prophylaxis treatment every three to six months should correct the situation. The kidney stones are a problem for the GU practitioner and internist.

Edema Following Extraction

Q.—A patient, male, age 55, barber by trade, develops an edematous condition under the mandible following extractions of lower teeth. Reduction is slow but is somewhat hastened by reduction of the salt and water intake.

What can I do to prevent the condition, and is there any other treatment pre and post surgery? — G.A.R., Nebraska.

A.—Preoperatively, inject 1 cc Parenzyme® intramuscularly. Continue the patient on buccal Parenzyme postoperatively every three hours. Then continue the patient on a diuretic such as Diamox®.

Should the need arise for surgical treatment in the future, I would advise that you work in conjunction with an internist.

Moving Teeth

Q.—I have an orthodontic problem on which I should like some help. This is a case where the left upper central was extracted and the space closed to about half its original width. This patient is an 18-year-old girl. I am trying to move the left lateral and cuspid sufficiently to maintain the left central space for a replacement. To do this I extracted the upper left first bicuspid, and put on an arch wire appliance with elastics on the left cuspid to draw the cuspid back toward the molar. Later I will move the lateral back and in that way gain enough space to replace the missing central.

My problem is this. I have had the elastics on for over a month and I have not been able to gain any space posteriorly. Last week the patient mentioned that the cuspid tooth is getting sore to pressure. I put the elastic band on the lateral and took off the one on the cuspid. It seems to me this is a long time to be drawing a tooth back with such small results. I shall appreciate any help that you can give me.—C.T., Minnesota

A.—It would be wise to replace the elastics with pull coils which will provide a constant, gentle force not dependent upon patient cooperation.

Soreness may be due to too much pressure from elastics, intermittent wearing of elastics, or temporary traumatic occlusion as the tooth is being moved.

If the teeth are being moved in an upright position without tipping, it should take approximately six months to move the cuspid into contact with the second bicuspid.

Stain Removal

Q.—Is there any solution or mixture that will remove an x-ray fixing solution stain from white gowns? — H.C.M., Michigan

A.—When a solution has been splashed upon the clothing, the garment should be rinsed as soon as possible in cold water. The stain can be prevented entirely if the chemical is removed thoroughly before it has a chance to decompose (which may otherwise occur on standing or in the laundering process). Even if the stain has formed, the garment should be rinsed thoroughly before laundering to

(*Continued on page* 62)

prevent possible intensification of the spot.

Once the stain has formed, its nature will determine the method of removal. Yellow or brown stains due to oxidized developer can be removed by treatment with a reducer and stain remover (available in packets to make 16 ounces). This treatment comprises the use of a permanganate solution followed by a bisulfite bleach, and while effective in removing developer oxidation stains, it may weaken the fabric and should in any case be applied only to white garments.

Yellow, brown, or black stains, formed by a used fixing bath, particularly of the liquid (rapid) type, are due to decomposition of the hypo and formation of silver sulfide. Slight stains may be removed by a fresh solution of a liquid x-ray fixer, diluted as usual, and containing the hardener. Removal will require immersion of the affected area for a period varying from a few minutes to overnight, depending on the intensity of the stain.

A more rapidly acting bleach, and one effective with more dense stains, is obtained by adding citric acid to the liquid x-ray fixer at the rate of 2 ounces per gallon of diluted fixer. This will effectively remove quite dense stains, although an occasional stain is not removed by either of these treatments. Any of these stain removers should be applied with caution to colored fabrics, because some dyes may be affected.

When the cause of the stain is uncertain, the following successive treatments are suggested: (1) immerse the garment in a fresh liquid x-ray fixer; (2) if this is ineffective, add citric acid—2 ounces per gallon of diluted fixer; and (3) finally, after thorough rinsing, apply a reducer and stain remover, as just described.

Obstruction of Salivary Duct

Q.—I wonder if you could give me some information about the submaxillary gland on the right side. If my patient eats anything sweet, sour, or acid, the gland will swell and the swelling will extend into the neck and become painful.

For a time it was so painful he could not eat. Roentgenograms show a small black spot, but we do not think this is a stone or hardened deposit.

Any information on this peculiar situation will be greatly appreciated.—J.F.A., California

A.—The symptoms of obstruction of a salivary duct are similar, regardless of the cause of the obstruction. The firm capsules surrounding the salivary glands prevent enlargement of these organs with the production of painful symptoms. The patient experiences periodic painful swellings of the salivary gland whose duct is obstructed. The painful swellings develop at times at the thought or sight of food, and they are always more marked after eating. The swellings appear rapidly when the stoppage of the salivary flow is complete and the secretion of saliva is copious. When there is only par-

(*Continued on page* 66)

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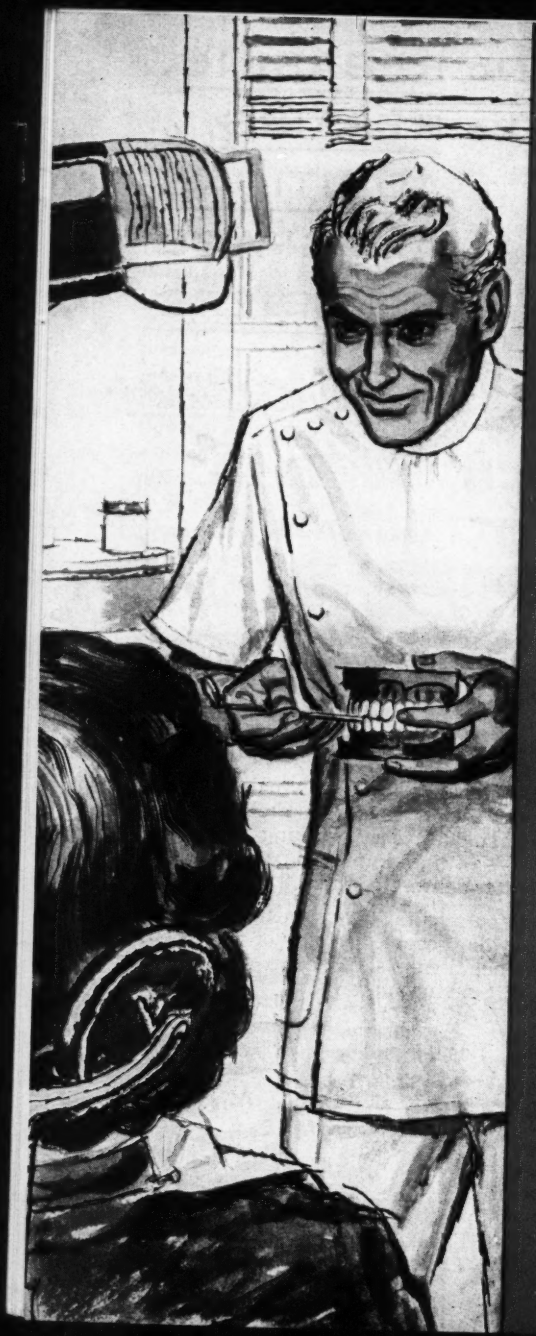

a special
message
for dentists
interested
in patient
relations.....

Most successful dentists serve a limited number of patients whom they try to see at regular intervals.

Such dentists recognize that the patient who returns to the office is demonstrating high regard for their professional knowledge and skill. The patient appreciates chair-side instructions on proper home care. And he responds to this evidence of his dentist's interest by becoming more interested himself in all aspects of oral health.

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tial blockage of the duct, the pain and swelling are not such prominent symptoms. There is no evidence of inflammation unless secondary infection of the gland has developed.

I would suggest that you refer the patient to an oral surgeon for the proper removal of the obstruction to the salivary flow.

Average Income

Q.—I have been practicing 30 years, and I am not as well off financially as I think I should be. What is the gross average for a dentist in a town of about 8000 with three other dentists?

Can you tell me where I may secure information regarding a dental position with the government or state?

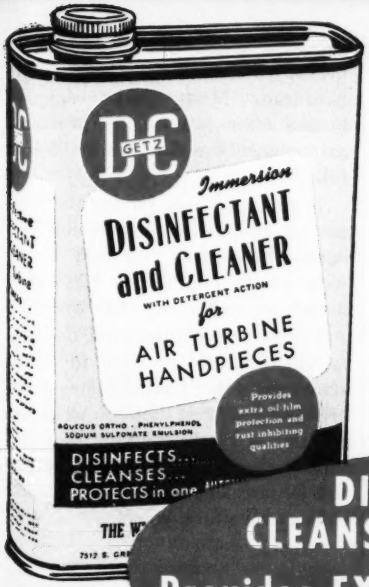
I would also like to know how much my Social Security payments will be, as this is all that I have been able to put aside for my wife and myself.—J.G.H., Pennsylvania

A.—Unfortunately there are no accurate statistics that are available on the gross income of dentists in towns and cities of varying populations.

I have been told that the dentists of a large city and its surrounding communities in the Midwest gross approximately $30,000 a year. The cost of maintaining a dental office was computed between 42 and 44 per cent. In a rural community the gross income is approximately $24,000, 40 per cent of which goes toward maintaining a dental office. In my opinion, these figures are most likely representative of areas where there is no economic distress.

There are many reasons why a dentist may not be enjoying economic prosperity. I would advise that you look up a business consultant firm in your area and have a

(*Continued on page* 68)



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careful analysis made of the economy of your town, your fees, and overhead. Many large supply houses offer courses in "practice management" which can be helpful.

If you have been paying the full annual amount toward Social Security Insurance, you and your wife will be eligible for $208 per month on retirement after age 65.

For further information on obtaining a dental position in your state or with the United States government I suggest that you write to the Public Health Service Department at your state capital and to the Department of Health, Education, and Welfare, Washington, DC.

Gagging

Q.—About a month ago I constructed full upper and lower dentures for a patient who has a gagging problem. I was aware of the problem when I was extracting his teeth, but I thought it was only temporary, due to anesthesia. However, I did get good impressions by using topical anesthesia and ethyl aminobenzoate tablets.

The patient came in about a week ago stating that he cannot use the dentures, and feels that he has wasted his money. I tried increasing the postdamming with utility wax, but that did not help. His tongue is rather large and he is a heavy smoker, so I requested him to try to cut down or quit smoking, but he said he could not do that.

My patient is quite discouraged and so am I, so if you could give me some advice on what to do, I would be grateful to you.—G.J.M., Michigan

A.—From your letter, I assume that you were able to construct well-fitting dentures for your patient. It is obvious that he is not willing to give you complete cooperation in your effort to help him. I would ad-

vise the following steps be taken.

1. Check both dentures carefully to rule out any possibility of factors which might initiate gagging, such as over-extension, or excess thickness.

2. Explain to the patient the absolute necessity of his cooperation with you in order to obtain complete success. You can tell him that it may take a number of months in his case where the tissues are sensitive. You should insist that he reduce smoking in order to lessen the sensitivity of the tissue.

3. In order to alleviate the anxiety factor in the early stages of this period, I would prescribe a tranquilizer. Meprobamate appears more likely to promote patient acceptance of a prosthetic appliance by reducing anxiety and tension to a tolerable level. I would recommend two tablets a day (morning and evening) 400 mg. each. As a rule, medication can be discontinued in ten days to two weeks.

Inflamed Area

Q.—Will you please let me know whether soaking an upper partial in Clorox once a week can be the cause of an inflamed looking area where the partial rests on the tissue.—S.P.B., Kentucky

A.—Clorox contains 5.25 per cent sodium hypochlorite. I do not believe that this percentage of sodium hypochlorite is strong enough to trigger the inflammation that you described in your letter.

However, because of the existing inflammation, I would advise that your patient refrain from using Clorox because of the possibility of its slight caustic action.

Dentists in the NEWS

Nominated By Eisenhower

President Eisenhower recently nominated Doctor Maynard K. Hine, dean of Indiana University's School of Dentistry in Indianapolis, as a member of the Board of Regents of the National Library of Medicine.—*New York Times.*

From Dentistry to Ministry

For ten years Doctor Irving Marsland of Georgetown served as part-time pastor at the Georgetown Methodist Church, and now is the church's first full-time minister in 26 years. A former resident of Mamaroneck, New York, where he practiced dentistry for 40 years, Doctor Marsland had been preparing for the change for some time.

"There's a family background there and... I guess I had that heritage that inclined me toward the ministry," he admitted. He was referring to his father, the late Isaac Marsland, who had been a Methodist minister; and also to his own son who is a Methodist minister in Dobbs Ferry, New York.

As opposed to his dental practice where he had definite office hours and an answering service, Doctor Marsland finds ministry a seven-day-a-week, 24-hour-a-day proposition. But he has had no regrets.—*Bridgeport (Connecticut) Post.*

Builds Hydro-Gyro-Glider

They took a dunking in their first attempt, but Doctor T. Schuch and Donald Ehlers spend many pleasant days flying over Lake Winnebago, Wisconsin, in their homemade hydro-gyro-glider.

Three years ago a magazine article on a hydro-gyro-glider interested them. They obtained the plans, and the next winter spent several hours a week on their project. They did some redesigning, making pontoons and a rudder of plywood, and the frame of welded conduit. The entire rig weighs about 185 pounds. The rotor attains a speed of 360 revolutions a minute under tow—about the same speed as a helicoptor's rotor in flight.

Their first flight was fine, but when the time came to land, the tow line snapped and Doctor Schuch was thrown into the water. The rotor then snapped in two. The two men went back to the drawing board. The next year, two rotors were built, a heavier tow line was used and other minor modifications were made. Further tests proved successful, and the glider has provided perfect and enjoyable flight.—*Milwaukee (Wisconsin) Journal.*

Takes Scout Leadership Training

For the first time in the Detroit Area Council, 32 men were invited to take the "Wood Badge" course of leadership training this summer. Doctor Sam Prisk of Livonia, took part in this most rigid and demanding of all Scout training programs. For eight days the men camped in tents, battled for camp inspection honors, and relearned their boyhood skills with ropes, knives, axes, campfires, compasses, and maps.—*Detroit (Michigan) News.*

"Retires" to Hardware Store

Six years ago, after he closed his dental office and donated his equipment to a Chicago hospital, Doctor Clarence Puffer of LaGrange. started working in a LaGrange hardware store. Now 72 years of age, he is head of the Lawn and

(*Continued on page* 72)

Garden and Heavy Home Maintenance sections of the store.

"I'm in the hardware business for two reasons," he explained. "The first is because this job has regular hours, gives me a chance to meet more people, and is generally more active and healthful than my practice. The second reason revolves around the pleasure I get out of working with my hands on machines and do-it-yourself repairs."—*Toronto (Ontario) Hardware and Housewares.*

Sculptures With Electric Machine

While most persons do wood sculpture work with sharp knives over long periods to transform blocks of wood into works of art, Doctor Lyle Wilhelm of Traverse City, Michigan, works with an electric machine. He has connected drills to a long flexible shaft that is powered by an electric motor. He uses both wood drills and worn dental drills in his original invention.—*Detroit (Michigan) Free Press.*

Win Vacation Tour

Doctor and Mrs. Richard Pew of Ann Arbor, were selected as "Mr. and Mrs. Michigan Travel" in a contest sponsored by the Automobile Club of Michigan's Motor News magazine. They received a 1300-mile vacation tour of the state.—*Detroit (Michigan) News.*

Leg Cast for Horse Successful

In 1930 Doctor Peter Wehner of Cincinnati, saw a promising two-year-old, Prince Pine, suffer a leg fracture in a trial at River Downs. He stopped the veterinarian as he raised a pistol, and offered to solve the horse's problem. Although the veterinarian was doubtful he told Doctor Wehner to go ahead.

Doctor Wehner encased the leg in dental cement, which becomes hard enough to allow the animal to rise and walk on the leg, thus obviating complications. When the cast was eventually removed, Prince Pine's leg moved straight and true. During the following years, the horse sired 15 colts and two fillies. Other thoroughbreds treated in such fashion lived to race again, and win again, completely discounting what formerly had been believed, that once the brittle leg bones of a horse were shattered, they could not mend. — *Cincinnati (Ohio) Post.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Carlton F. Brehmer, DDS, 1024 North Seventh Street, Sheboygan, Wisconsin

Clarence Hilgendorf, Veterans Hospital, Tomash, Wisconsin

Donald Sweet, Box 511, Columbus 15, Ohio

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R. V. Hart, 19203 South 34th, Seattle 88, Washington

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 183

(See page 55 for questions)

1. Yes. (Sharp, T. B.: Preparation for and Construction of Baked Porcelain Crowns and Inlays, J. Pros. D. **9**:113 January-February 1959)
2. (a). (Mellars, N. W. and Herms, F. W.: Inheritance and Emotions as Related to Tooth Structure Breakdown, DENTAL DIGEST **64**:350 August 1958)
3. True. (Skinner, E. W.: A Comparison of the Properties and Uses of Silicate Cement and Acrylic Resins in Operative Dentistry, JADA **58**:30 January 1959)
4. No. (Weinberger, B. S.: Or-

(*Continued on page* 74)

thodontics: A Historical Review of Its Origins and Evolution, St. Louis, The C. V. Mosby Company, 1926, Vol. 1, page 160)

5. (b). (Blumenthal, E. E.; Catania, A. F. and Kringstein, G. J.: Clinical Evaluation of Penicillin in Oral Surgery, New York D. J. **23**:262 June-July 1957)

6. They have the shortest distance to travel in eruption. (Archer, W. H.: A Manual of Oral Surgery, ed. 2, Philadelphia, W. B. Saunders Company, 1956, page 140)

7. True. (Phillips, R. W.: An Evaluation of the Problem of Galvanic Currents in the Oral Cavity, J. Ind. State D. Assn. **37**:8 January 1958)

8. (a). (Schopper, Arthur: Loss of Vertical Dimension, J. Pros. Dent. **9**:429 May-June 1959)

9. (a). (Cheraskin, E. and Binford, R. T.: Clinical Problems Related to the Tongue, DENTAL DIGEST **63**:308 July 1957)

10. (c). (Simrod, H. S.: Leukemia as a Dental Problem, JADA **55**:810 December 1957)

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Dental Record *71*:15,1951
Dental Record *71*:184,1951

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The two-year study among 306 Philadelphia public school children showed a 25% reduction in caries incidence among the test group. Recent tests in Zurich confirm these results.

JADA *49*:185,1954
J. Dent. for Children *24*:237,1957

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Oral. Surg., Oral Med., & Oral Path. *4*:1576, 1951

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J. Dent. Research *28*:248, 1949
Oral Surg., Oral Med., & Oral Path. *5*:155,1952

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ANNUAL INDEX

Volume 49, 1959

ARTICLES & DEPARTMENTS

Academy of General Dentistry, Continuous Education and the, *July* — 30
George A. Holmes, DDS, PhD

Alaska, Dentistry in Our Newest State— *March* — 51
James L. Irby, DDS

Ask Oral Hygiene, (published every month)

Burglars Like Dental Offices, *August* 52
Douglas W. Stephens, DDS

Congo, Dental Mission in the, *January* — 45
S. C. Marks, DDS

Consultation Clinic: Distorted Diagnosis in Oral Pathology, *January* — 36

The Dental Assistant in a Diagnostic Program, *April* — 43

Short Roots in the Dental X-ray, *May* — 38

It Is Definitely Our Business! *June* 44

A Look Inside a Toothache, *August* 41

Irradiation Damage to the Developing Tissues, *November* — 40
Arthur Elfenbaum, BA, DDS

Contract Acceptance, The Missing Link in, *August* — 57
Edith Calmenson

Cover, The. (published every month)

Criminologist, Ohio Dentist Acts as, *September* — 33
Robert Walczak

Dear Oral Hygiene — *January* 76, *May* 80, *July* 61

Dental Practice, Pitfalls in the Purchase of a, *November* — 27
Charles T. Stordeur

Dental Programs, Industrial, *June* — 60
Alan H. Greenwood, DDS

Dentist and the Pharmacist, Closer Cooperation Between the, *February* — 52
Gilbert Le Vine Mellion, DDS

Dentist At Alcatraz, *October* — 58
Walter C. Ames

Dentist at Work: The, Finishing the Inlay and Crown—Part I, *October* 42
Part II, *December* — 46
Chester J. Henschel, DDS

Dentist? Do You Want Your Son To Be A, *October* — 50
Herbert G. Frankel, DDS

Dentist Draws Traffic to Drug Store, *November* — 50
American Druggist Reprint

Dentist Follow the Blacksmith? Will the, *February* — 50
Solomon Greenberg, DDS

Dentist Has Emotions Too! The, *January* — 27
Allen Miller, DDS

Dentist, "I like My, Because . . ." *August* — 37
Charles P. Fitz-Patrick

Dentistry in a New Nation, *February* 47
Sara A. Lee, DDS

Dentistry? Who Wants to Read About, *November* — 52
C. Shields,

Dentists Disagree, When, *June* — 35
William Roy Eberle, DDS

Dentists in the News, (published every month)

Disability Income? How Well Protected Is Your, *August* — 50
Keith D. Sutherland, DDS

Educational Expenses, Deductibility of, *April* — 36
Joseph Arkin, CPA

Estate Plan, A Tailor-Made, *September* — 27
Michael D. Marcus

Fees From a Medium-Sized City, Opinions on, *March* — 37
Harold S. Jones, DDS

Fees: Are Dentists Paid Enough? *March* — 33
Charles P. Fitz-Patrick

Fees: The Experience of a Small-Town Dentist, *March* — 40
Harry C. Peake, DDS

Fees: The Dentist and His Income in City Practice, *March* — 43
Harry Cimring, DDS

Fluoridation, What the Public Knows About, *April* — 56
Hillier Krieghbaum

Hobbies? Looking for Soul-Satisfying, *September* — 30
Ed L. Bridges

(*Continued on page* 78)

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ANNUAL INDEX

Volume 49, 1959

ARTICLES & DEPARTMENTS

Academy of General Dentistry, Continuous Education and the, *July* — 30
George A. Holmes, DDS, PhD

Alaska, Dentistry in Our Newest State— *March* — 51
James L. Irby, DDS

Ask Oral Hygiene, (published every month)

Burglars Like Dental Offices, *August* 52
Douglas W. Stephens, DDS

Congo, Dental Mission in the, *January* — 45
S. C. Marks, DDS

Consultation Clinic: Distorted Diagnosis in Oral Pathology, *January* — 36

The Dental Assistant in a Diagnostic Program, *April* — 43

Short Roots in the Dental X-ray, *May* — 38

It Is Definitely Our Business! *June* 44

A Look Inside a Toothache, *August* 41

Irradiation Damage to the Developing Tissues, *November* — 40
Arthur Elfenbaum, BA, DDS

Contract Acceptance, The Missing Link in, *August* — 57
Edith Calmenson

Cover, The. (published every month)

Criminologist, Ohio Dentist Acts as, *September* — 33
Robert Walczak

Dear Oral Hygiene — *January* 76, *May* 80, *July* 61

Dental Practice, Pitfalls in the Purchase of a, *November* — 27
Charles T. Stordeur

Dental Programs, Industrial, *June* — 60
Alan H. Greenwood, DDS

Dentist and the Pharmacist, Closer Cooperation Between the, *February* — 52
Gilbert Le Vine Mellion, DDS

Dentist At Alcatraz, *October* — 58
Walter C. Ames

Dentist at Work: The, Finishing the Inlay and Crown—Part I, *October* 42
Part II, *December* — 46
Chester J. Henschel, DDS

Dentist? Do You Want Your Son To Be A, *October* — 50
Herbert G. Frankel, DDS

Dentist Draws Traffic to Drug Store, *November* — 50
American Druggist Reprint

Dentist Follow the Blacksmith? Will the, *February* — 50
Solomon Greenberg, DDS

Dentist Has Emotions Too! The, *January* — 27
Allen Miller, DDS

Dentist, "I like My, Because . . ." *August* — 37
Charles P. Fitz-Patrick

Dentistry in a New Nation, *February* 47
Sara A. Lee, DDS

Dentistry? Who Wants to Read About, *November* — 52
C. Shields,

Dentists Disagree, When, *June* — 35
William Roy Eberle, DDS

Dentists in the News, (published every month)

Disability Income? How Well Protected Is Your, *August* — 50
Keith D. Sutherland, DDS

Educational Expenses, Deductibility of, *April* — 36
Joseph Arkin, CPA

Estate Plan, A Tailor-Made, *September* — 27
Michael D. Marcus

Fees From a Medium-Sized City, Opinions on, *March* — 37
Harold S. Jones, DDS

Fees: Are Dentists Paid Enough? *March* — 33
Charles P. Fitz-Patrick

Fees: The Experience of a Small-Town Dentist, *March* — 40
Harry C. Peake, DDS

Fees: The Dentist and His Income in City Practice, *March* — 43
Harry Cimring, DDS

Fluoridation, What the Public Knows About, *April* — 56
Hillier Krieghbaum

Hobbies? Looking for Soul-Satisfying, *September* — 30
Ed L. Bridges

(*Continued on page 78*)

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Hobby Intrigues His Patients, His *November* 30
H. N. Ferguson
Hospital for Dental Care, Special, *December* 29
Inflation Mean to the Dentists? What Does, *July* 23
Douglas W. Stephens, DDS
Investment Club for Dentists, *August* 33
Arthur H. Levine, DDS
Investment Funds for the Dentist's Funds, Part I, *May* 41
Part II, *June* 41
Keith D. Sutherland, MS, DDS
Investment Principles for the Young Dentist, Basic, *December* 51
Keith D. Sutherland, MS, DDS
Investment, Science Stocks As An, *July* 27
David L. Markstein
Investments for the Dentist, Worry-Free, *February* 35
Joseph Arkin, CPA
Laffodontia, (published every month)
Memorial Gifts to the Fund for Dental Education, *August* 48
Maynard K. Hine, DDS
Modernize With Paint and Wall Coverings, *September* 48
Harold J. Ashe
Modernize Your Professional Office, *July* 38
Harold J. Ashe
Musicians, Particular Dental Care for, *May* 48
Howard E. Kessler, DDS
Office Refinishing Dollar, How to Get More Value from Your, *June* 38
M. Travascio
Oxygen in Your Office? Why Have, *December* 34
William R. Thompson, DDS
Patients and How Their Quirks Were Cured, Problem, *November* 36
M. A. Patrick
Patients, How to Convince, *December* 43
Florence Halverson
Picture of the Month, (published every month)
Practice Administration Thought-Provokers, (published every month)
Charles L. Lapp, PhD, and John W. Bowyer, DBA
Publisher's Corner, The, (published every month)
Relaxation for the Patient and the Dentist, *April* 33
Robert A. Atterbury, BS, DDS, and Sunder J. Vazirani, MS, DDS
Retirement for Dentists, Club-Life, *January* 52

(*Continued on page* 80)

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Charles H. Waterbury
Science News? Who Is Interested In, *January* 30
Hillier Kreighbaum
So You Know Something About Dentistry! (published every month)
Speech, Research in— Dentistry's Opportunity, *September* 40
Howard E. Kessler, DDS
State Board Expenses of Dentists, *May* 50
Joseph Arkin, CPA
Stocks, Ask Yourself These Questions Before You Buy, *October* 37
David L. Markstein
Tax Return, Last Minute Pointers For Your 1958 Income, *February* 38
Allan J. Parker, LLB, LLM
Tax, The Federal Gift— Backstop for the Estate Tax, Part II, *May* 45
Allan J. Parker, LLB, LLM
Tax Trouble, Adequate Records Keep You Out of, *March* 29
Allan J. Parker, LLB, LLM
Taxes, Estate, Inheritance, and Gift— The High Cost of Dying, Part I, *April* 47
Allan J. Parker, LLB, LLM
Technique of the Month, (published every month)
"Unaccustomed As I Am . . .", *November* 33
M. Travascio
Walk-up Office Days Are Ended, *July* 21
L. L. Clemes
Wall Street, The Mechanics of, *April* 38
David L. Markstein
White Glove Test? Can Your Office Pass the, *May* 53
Dona Z. Meilach
Will? Is It Time to Take a Look at Your, *October* 33
Allan J. Parker, LLB, LLM
Words, Be Caution With Your, *October* 46
William R. Smith
X-Ray Radiation, How My Patients and I Overcame the Fear of, *May* 35
David L. Graitcer, DDS
X-Rays, Use More, Not Fewer, *February* 33
Harold S. Jones, DDS
You Know You're Good . . . But What Do Your Patients Think? *September* 37
C. Shields

NEWS ITEMS

Annuity, An Old-Age, *July* 29
Anxiety and Depression From Emotional Stress, *October* 36

(*Continued on page* 82)

Bill of Sale, *February* 54
Cost of Tastes, The, *February* 72
Dental Advancement, *November* 29
Dental Crisis, A, *February* 55
Dental Education Has Been Raised, First Money for, *March* 49
Dental Examinations for Applicants for Life Insurance, *January* 78
Dental Hygienist, The Law and the, *October* 56
Dental Insurance, New Trend in Collective Bargaining— *February* 49
Dentistry in the USSR, A Report On, *July* 22
Depreciation Deduction Increased, *January* 51
Diet, Nutrition, and Dentistry, *October* 82
Down-In-The-Mouth Statistics, *June* 56
Drug Therapy, The Ten Commandments of Dental, *March* 32
Drugs in Dental Practice, *January* 76
Education of the Scientist, *September* 78
Ethics and Honesty, *November* 48
Every one lives by selling something, *November* 51
Exercise Staves Off Aging, *September* 47
Forand Bill, *January* 74
Forand Bill, Battle Over, Splits AMA Members, *May* 56
Illness and Social Environment, *October* 41
Interprofessional Relations, *December* 33
Kellogg Grant Received By Dental School, *April* 50
Ministry of Healing, *February* 55
Mona Lisa, The Smile Of, *September* 68
Mutual Dependency of the Dentist and His Supplier, The, *April* 50
Nature Protects Teeth In Some Communities, *September* 29
"Nikita May Scare Moon But Not Dentists," *December* 42
Nutrition, Education in, *July* 43
Nutrition in the Aged, The Principles of Sound, *September* 36
Nutritional Disturbances, *February* 42
Pain On the Side of My Head, I'm Going Crazy With the, *November* 32
Patient Relations? Are You Satisfied With Your, *February* 49
Patient, The Restless, *March* 42
Premature Loss, Danger of, *February* 37
Radiation Survey, *May* 37
Science is Communal, *May* 51
Systemic Diseases With Oral Manifestations, *March* 82
Teeth, Lip Service, And A Schoolside Manner, *December* 50
Theft-Proofing, *November* 43
Time At The Chair, The Fallacy of Saving, *September* 42
Times, The Good Old, *October* 45
Visual Aids In The Practice of Dentistry, *December* 54

EDITORIALS

What Does The Public Know About Dentistry? *January* 56
What Kind of Legislation Do Dentists Favor? *February* 56
What Happens to the Disabled Dentist? *March* 54
Does Your Community Have a Dental Emergency Service? *April* 62
What Professional Courtesy Implies, *May* 58
Re-Examination and Reciprocity, *June* 58
The Dentist Is Caught in the Middle, *July* 44
Hosts to the Dentists of the World, *August* 60
Dentists and the Facts of Political Life, *September* 52
Local Differences In Dental Practice, *October* 62
Dentists and Disaster, *November* 56
Around the Dental World in Future Days, *December* 56

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Notice in a Scotch church: "Those in the habit of putting buttons instead of coins in the collection plate will please put in their own buttons and not buttons from the cushions on the pews."

★

Mother: "You were a very tidy boy not to throw your orange peel on the floor of the bus. Where did you put it?"

Johnny: "In the pocket of the man next to me."

★

There's a new gadget that keeps the inside of our car quiet. It fits tightly over her mouth.

★

"I'm not wealthy and I don't have a yacht and a convertible like Junior Jones," apologized the suitor. "But, I love you."

"And I love you, too," replied the girl. "But tell me more about Junior."

★

"You can't win," said the student after seeing last semester's grades. "I picked up a course in basket weaving for an easy course, but two Navahos enrolled, raised the curve and I failed."

★

Neighbor: "Why are you letting your son study those dead languages in college?"

Father: "I'm expecting to make an undertaker out of him."

An attendant in a mental home was making his evening rounds when he came upon one of the patients industriously fishing in a wash basin with rod and line.

Wishing to humor the man, the attendant asked him if he had caught anything.

"What!" said the patient, "in a wash basin? Are you crazy?"

★

On an airplane flight a little boy nearly drove everyone crazy. He was running up and down the aisle when the stewardess started serving coffee and ran right into her, knocking the coffee to the floor.

As he stood watching her clean up the mess, she glanced up at the boy and said, "Look, why don't you go outside and play?"

★

Victims of an accident in Scotland were still lying on the road. Along came a native and said to a man lying on his back: "Has the insurance man been 'roon yet?"

"No," was the reply.

"Ah, weel," said the Scot, "I'll just lie doon aside ye."

★

The family and the dinner guest had seated themselves at the table, when the lady of the house noted an important omission.

Mother (to little daughter): "Betty, why on earth didn't you put a knife and fork at Mr. White's place?"

Betty: "I didn't think he'd need them. Daddy said he eats like a horse."

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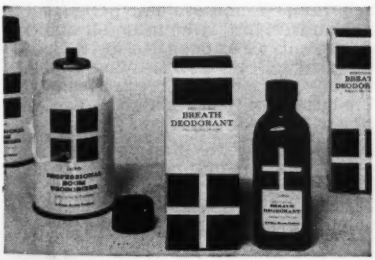

Added convenience is offered by the new, easy-to-use form of a quality product specifically compounded for dentists' odor-control requirements. Laclede Antiseptic Professional Breath Deodorant now comes in a plastic squeeze bottle. Its pocket size makes it suitable as an individual applicator for all dental office personnel. It takes little room on the bracket table for patient-appreciated chair use.

Economical as well as effective, the Laclede squeeze bottle provides hundreds of sprays of a fine mist with immediate and long-lasting breath-freshening action. As much or as little as desired can be dispensed as often as needed. It neutralizes odors from many sources—such as food, tobacco, medications, and bacteria.

Doctor, give your nose a break with Laclede odor-control therapy to make your work more pleasant and improve patient relations. Make personal contacts more agreeable by using Laclede breath deodorant in the new spray dispenser and in four-ounce bottles. Keep office atmosphere fresh and sanitary by three-times-daily spraying with the Laclede room deodorizer in the push-button can.

WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT

The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Matrix Retainer—for anterior, posterior, normal or malposed, permanent or deciduous teeth. Retracts cheek or tongue and holds cotton roll. Prevents overhanging margins without wedges. Will not lacerate soft tissue. All-Purpose Dental Instrument Co., 29-19 168th St., Flushing, N.Y.

Anterior-Bite Model Former—consists of a special curved anterior impression tray which fits snugly into a flexible rubber mold. Once the anterior impression is taken and the tray placed in the mold, a neat, accurate model can be made in just one pouring of plaster. No need for hand trimming or finishing. Columbia Dentoform Corp., 131 East 23rd St., New York 10.

Buccal Impression Tray—Tru-Lok, a plastic tray with adhering impression material especially designed for gold work. With teeth in occlusion it takes a detailed impression of buccal, thus registering centric relation and providing a jig so that the centric relation can be accurately maintained on articulator. Jamescraft Laboratories, 2929 Oakwood Blvd., Melvindale, Mich.

Denture Forms—made in one piece to facilitate handling and to eliminate the necessity of having to join two sections at the median line. Made of very tacky plastic material that adheres with equal facility to base plates, wax, plastic or porcelain surfaces. Complete technique sheet supplied. Cosmos Dental Products, Inc., 43-30 22nd St., Long Island City 1, N.Y.

Nyla-Dent — a prophylactic handpiece and patented cups. Delrin handpiece is non-metallic, lightweight, highly resistant to heat, wear and abrasions. Easily disassembled for cleaning. Suitable to cold sterilization and need not be boiled. The William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Bracket-Mount Dentalair Units—the Junior Unit provides both straight and contra-angle handpieces on a head which may be mounted on a conventional engine arm or operatory wall, cabinet, rolling pedestal or other convenient location. The Minor model is fitted with single contra-angle handpiece. Atlas Copco, Paramus, N.J.

Di-Lok Tray — makes possible the pouring of impressions completely, in one easy step instead of the exacting and time-consuming procedures required otherwise. Fixed bridges, broken-stress bridges, splinted crowns or inlays, etc. can be fabricated without the necessity of returning to the mouth for a plaster impression. Surgident, Ltd., 3871 Grand View Blvd., Los Angeles 66, Calif.

N-2 Endodontic Method — successfully treats a vital pulpitic tooth in one sitting. The apex remains vital, granulomae cannot form, and there is no discoloration of the tooth. AGSA, Inc., 509 Fifth Ave., New York 17, N.Y.

Impression Paste Supplements — available in quick-set and slow-set. Developed to overcome undesirable variations in setting time caused by climatic conditions, and to alter setting times where special impression considerations dictate. Opotow Dental Mfg. Corp., Brooklyn 15, N.Y.

Progressive History X-Ray Mounts—help preserve and evaluate patient's comparative history immediately and convenient, all at one time. Used for 5 individual sets of Bite-Wing film, all on one mount. Greene Dental Products, Inc., 6835 Tujunga Ave., North Hollywood, Calif.

Weber Air Turbine Miniature Head—designed to reduce noise level. Retains same large antifriction bearing in head; yet by streamlining neck of handpiece, size is smaller permitting

greater accessibility in mouth. The Weber Dental Mfg. Co., Canton 5, Ohio.

Perlman Mouth Prop—gives ultimate comfort to patient; maximum working space for dentist. Made of high tensile stainless steel, it accommodates all mouth sizes. Dextrac Co., 1482 East Valley Rd., Santa Barbara, Calif.

Versacaine—available in 1.8 cc. cartridges. Rapid onset. Profound anesthetic effect. Adaptable to infiltration, nerve block and oral surgery. Optimum duration. Minimizes toxicity build-up. Lederle Laboratories, Pearl River, N. Y.

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Ultrasonic Cleaner—cleans quickly and thoroughly all tools and materials used in dental practice. Loosens plaster, investment material and temporary cement. Tank capacity is 1-⅛ gallons. Mettler Electronics Corp., 114 West Holly St., Pasadena, Calif.

Momints—a mouth freshener tablet. Fast dissolving, moisturizing, cooling and neutralizing. Also helps reduce gagging due to dentures, x-ray films, etc. Momints Division, Dumas-Wilson Co., 4821 Fairview Ave., St. Louis 16, Mo.

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Endodontic Kits—No. 4H contains Test Files, Silver Points, Gutta Percha Points, Endodontic Plier and Aluminum Cabinet. No. 1 (Reamers only) contains 3 of each size plus 6 Handles. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

Vernonite Sterling Package—a Sterling Silver Lighter and Ash Tray included gratis with the purchase of any one of several Vernonite Packages. Vernon-Benshoff Co., P.O. Box 1587, Pittsburgh 30, Pa.

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(*Continued on page* 92)

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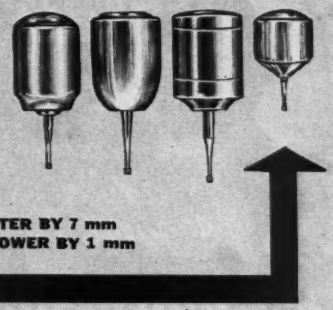

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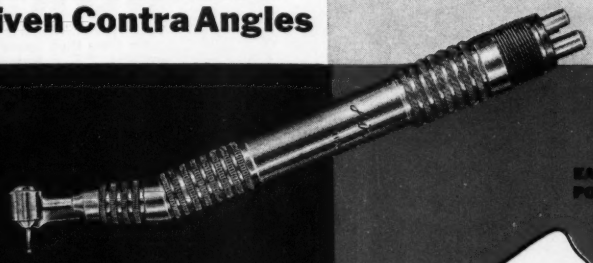

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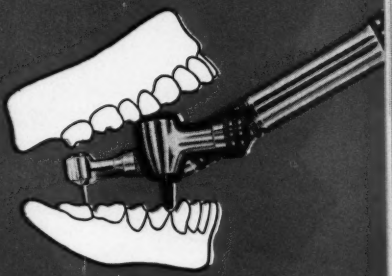

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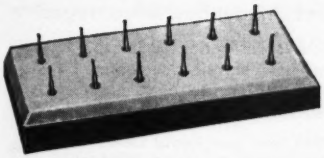

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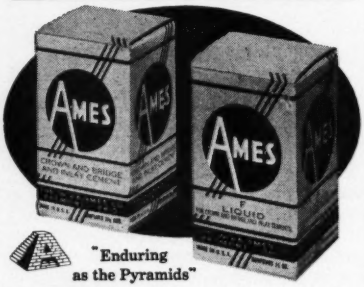

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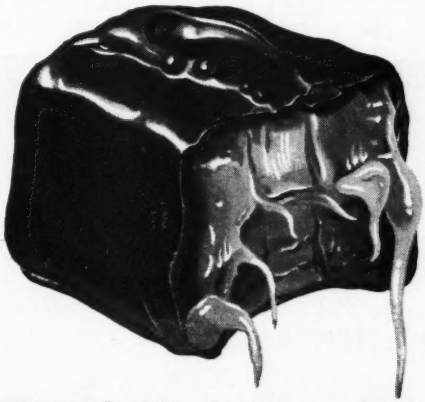

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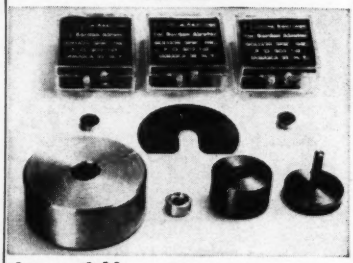

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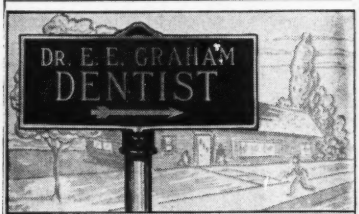

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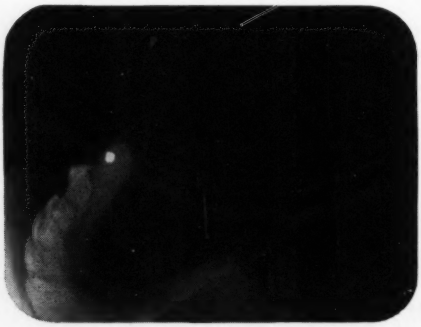

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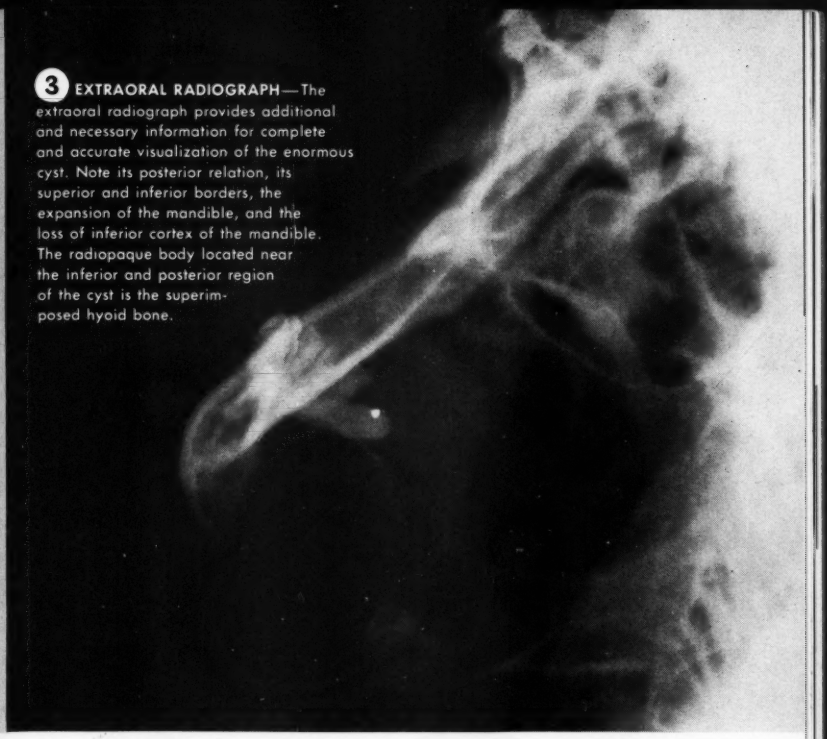

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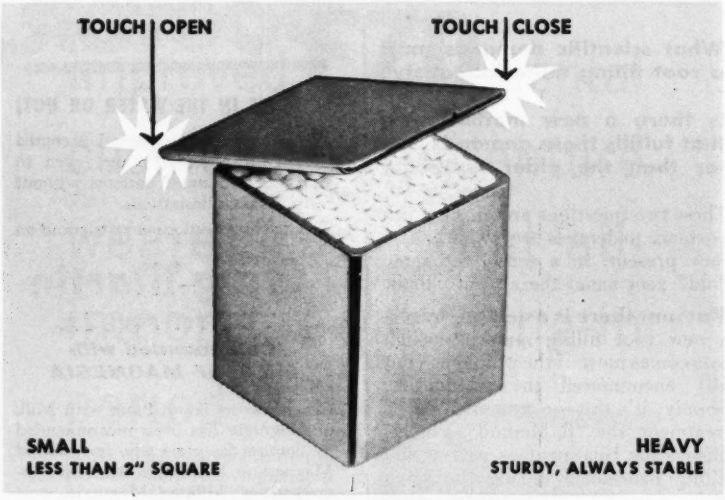

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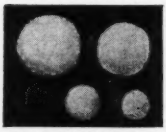

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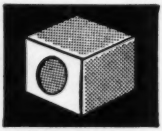

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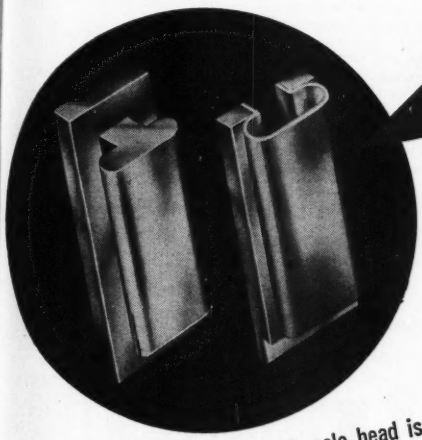

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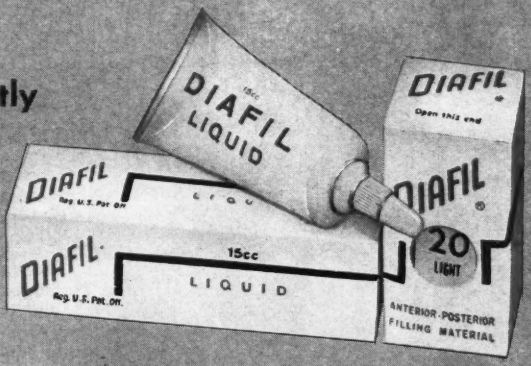

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For complimentary full-size package send letterhead to:

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Dept. 402
Vick Chemical Company
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New York 17, N. Y.

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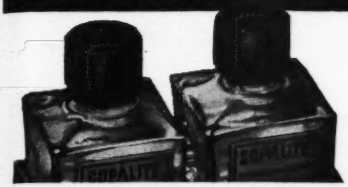

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Used successfully by dentists everywhere for over 15 years. Copalite *protects* the dentine under fillings of ALL kinds, inlays, crowns, etc. Copalite *"insulates"* the restoration, *prevents* thermal and galvanic shock. It *provides* a strong bond between dentine and enamel, prevents discoloration of dentine. Use Copalite with confidence for more comfortable, longer lasting restorations.

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Advanced design for HIGH-SPEED

FIG. 100b FIG. 17 FIG. 15

171L 172L 170 171 57 58

BUSCH-WIDIA

SUPER-CARBIDE BURS

are now available in plain fissure—exceptionally adaptable for high speed techniques.

Stocked in 1/16" shanks for Page-Chayes or Airotor handpieces, as well as for regular right angle. (Figs. 15 and 17 also come in straight handpiece.)

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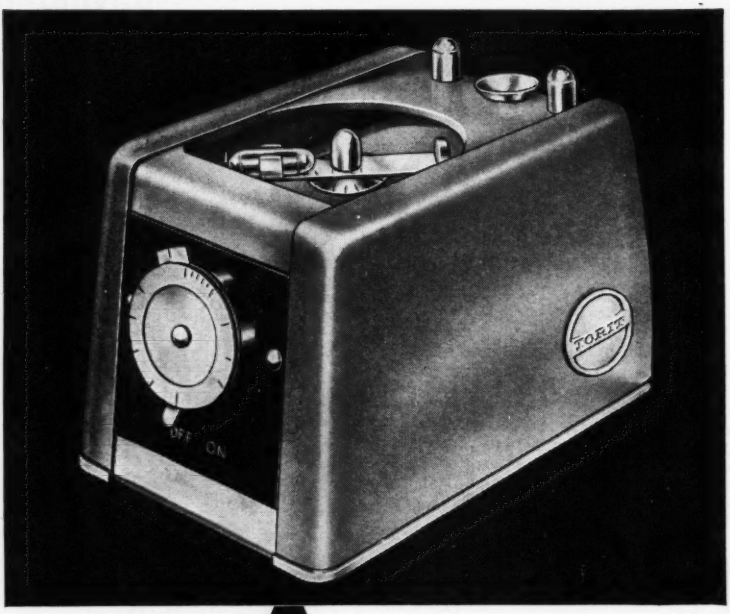
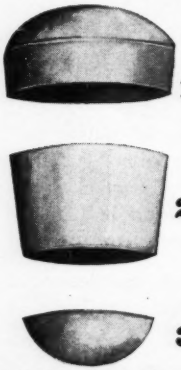


A new Torit Amalgamaster gives you scientifically controlled amalgam!



The AMALGAMASTER's centrifugal action correctly expresses the amount of mercury you desire. In 10 seconds, the amalgam is ready for use! It's scientifically prepared . . . faster, easier, yet most important, the quality is always consistent! You or your assistant always get the same, controlled amalgam.

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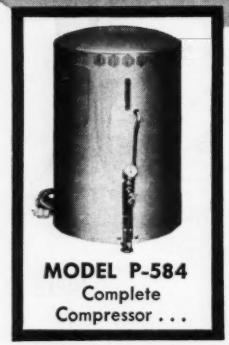
that delivers

4 cubic feet of air *per minute!*



MODEL P-584
Complete
Compressor . . .

housing this entire
motor-pump unit and
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Yes, this new McKesson P-584 *delivers twice as much air* as Model 581 which recently scored such great success!

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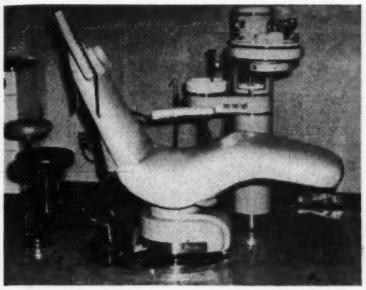

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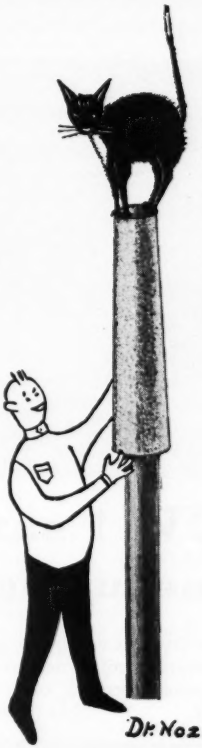

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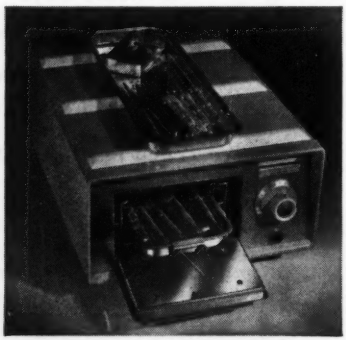

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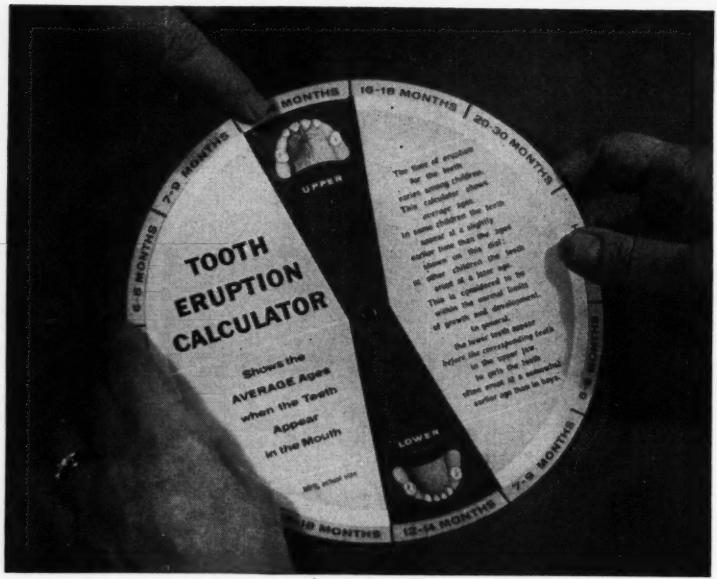

Actual size 7¾"

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Every dentist and physician will want the TOOTH ERUPTION CALCULATOR in his office to demonstrate tooth development to the parents of children.

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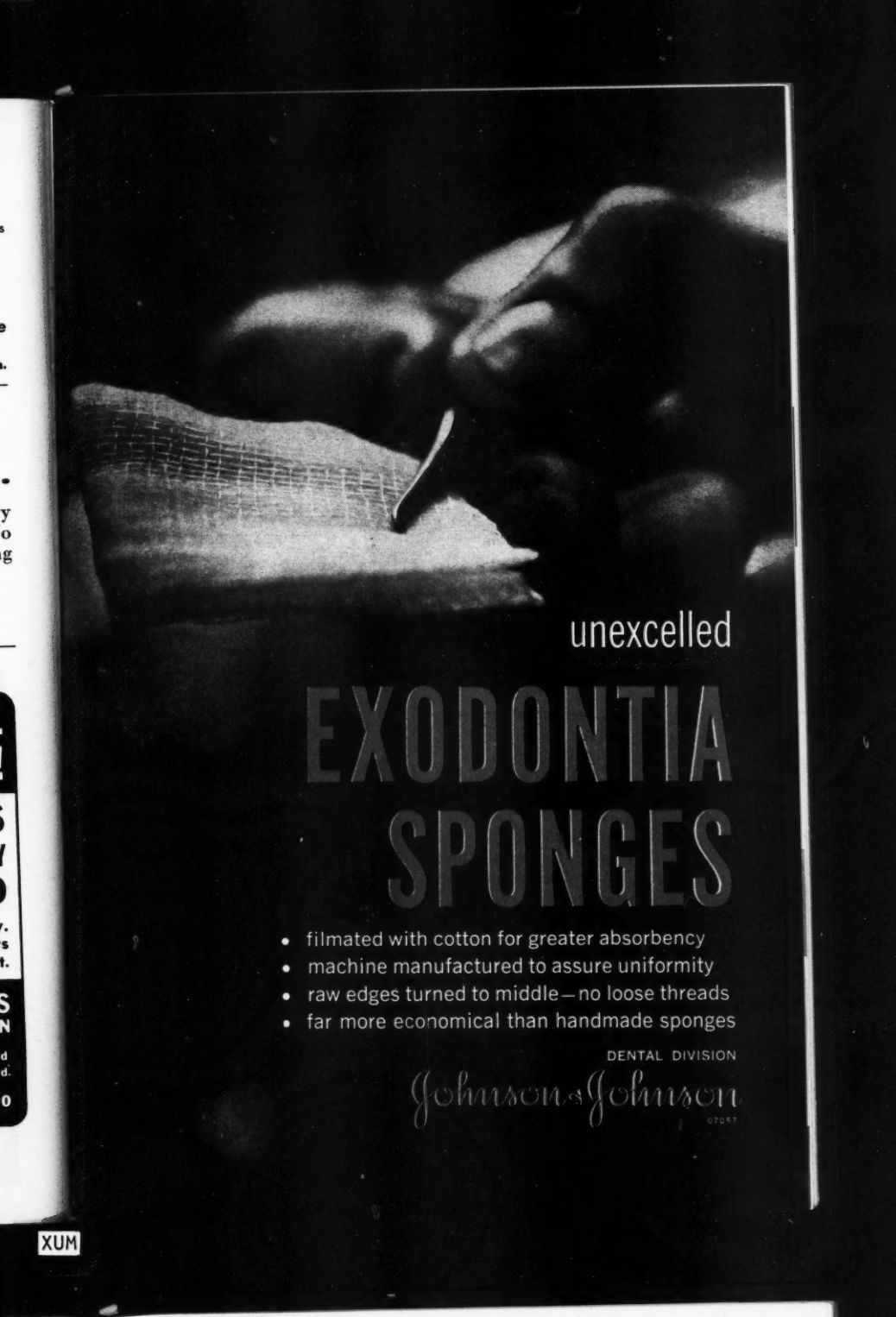
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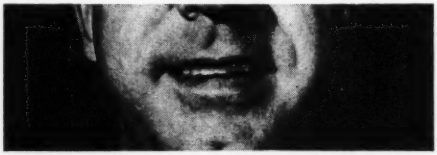
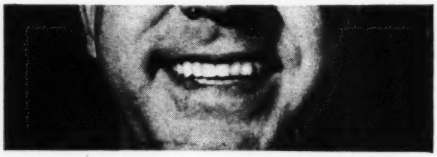


Gets No Help



From Soft Drinks

In judging foods for caries-producing potential . . . the two important factors are: (1) The form of the food and (2) the amount of time the food is in the mouth. Recent dental research* makes it apparent that liquids leave only minimal residue on gums or teeth because they pass quickly through the mouth. Therefore liquids provide little opportunity for enzymatic activity as a cause of dental caries.

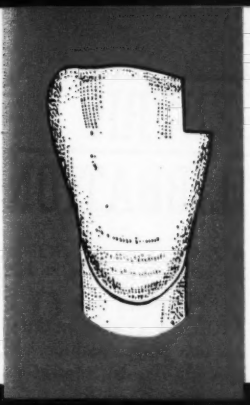
Specifically, soft drinks are found to have virtually no relationship to oral conditions involved in the acidogenic theory. They may be fully enjoyed for their wholesome and beneficial qualities. Their taste encourages needed liquid intake. They provide quick energy pick-up and ready refreshment.

*Shaw, Jas. H., Caries-producing Factors; a Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.

Ludwig, T. G., and Bibby B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.

Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

American Bottlers of Carbonated Beverages
Washington 6, D.C.



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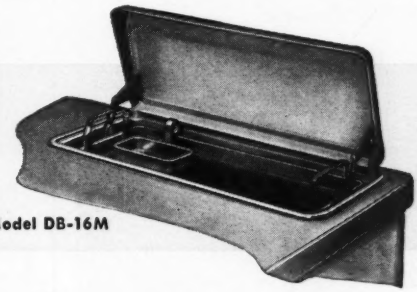

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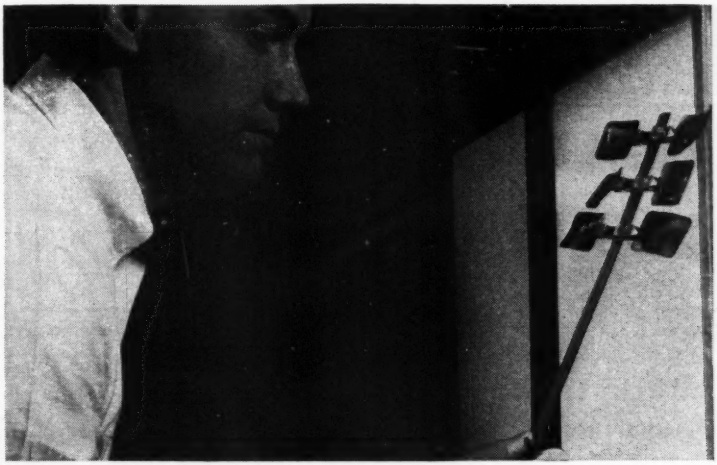
ERIE • PENNSYLVANIA

* *See the new Double Cabinet Sterilizers at your authorized Amsco dealer or write for Bulletin DC-404*



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ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

American Bottlers of Carbonated Beverages 124
American Prosthetic Laboratories 133
American Sterilizer Co. 127
Ames Co., The W. V-B 94
Ammident 75
Anacin 1
Arrow Dental Products 120
Ash, Sons & Co., Claudius 101
Baker Dental Division 17
Bayer Co. 16A
Block Drug Co., Inc. ..... 64, 65, 75, 83, Third Cover
Bcos Laboratories, Inc., Henry P. 16B, 16C
Bosworth Co., Harry J. 111
Brewster Laboratories 98
Bristol-Myers Co. ..... Fourth Cover
Bufferin ..... Fourth Cover
Castle Co., Wilmot 116
Caulk Co., The L. D. 96
Certified Products Co. 123
Chandler Co., Inc., H. M. 133
Chayes Dental Instrument Corp. 22
Ched Laboratories 117
Coe Laboratories, Inc. 71
Columbia Dentoform Corp. 74
Columbus Dental Mfg. Co., The 68, 69
Colwell Publishing Co. 80
Comfort Mfg. Co. 105
Commercial Savings & Loan Assoc. 120
Cook-Waite Laboratories, Inc. ..... Second Cover
Craig-Martin Toothpaste 105
Crescent Dental Mfg. Co. 77
Dentafluor 111
Dentists' Supply Co. of N.Y., The 24, 25
Dome Chemical, Inc. 8
Du Pont de Nemours Co., Inc., E. I. 129
Eastman Kodak Co. 102, 103
Elbon Laboratories 100
Emesco Dental Co. 79
Engelhard Industries, Inc. 17
Ezo Products Co. 104
Fantazn Laboratories 119
Federal Prosthetics, Inc. 81
Fleet Co., Inc., C. B. 92
Florida Citrus Commission 26
General Electric Co. 99
Getz Corp., The William 67
Goliath Specialties, Inc. 100
Graham Chemical Corp. 133
Hamilton Mfg. Co. 3
Handler Mfg. Co. 98
Herman, John E. 119
Hu-Friedy, Inc. 128
Hygienic Dental Mfg. Co. 63
International Nickel Co., Inc. 9
Jelenko Co., Inc., J. F. 78, 82
Johnson & Johnson 18, 121
Jordan Engineers 130
Kerr Mfg. Co. 28, 130
Knox Co., The 16
Kumfort-Tyme Co. 87
Laclede 85
Lake Shore Markers 100
Lang Dental Mfg. Co. 6
Leeming & Co., Inc., Thomas 14, 15
Listerine 16F
McKesson Appliance Co. 114
McKesson Laboratories 95
Medidenta 94
Midwest Dental Mfg. Co. 93
Minnesota Mining & Mfg. Co. 97
Moyer Co., The J. Bird 16G
Mullen Bros. 133
Ney Co., The J. M. 136
Nu Porcelain Dental Studios 133
Nyko, Inc. 80
Odontographic Mfg. Co., Inc. 16E
Parkell Co. 130
Pascal Co., Inc. 122
Pelinkus, George 126
Periodontal Specialties Co. 87
Perry, John J. 120
Peter, Strong & Co., Inc. 85
Pfingst & Co., Inc. 105, 109, 111, 113, 115, 117, 120
Pittsburgh Specialty Co. 117
Poloris 83
Premier Dental Products Co. 100, 122
Presto Dental Mfg. Co. 66
Procter & Gamble 19, 20, 21
Prophylactic Brush Co. 131
Richmond Dental Cotton Co. 106
Ritter Co., Inc. 12, 13
Robins Co., Inc., A. H. 72, 73
Rower Dental Mfg. Corp. 98
Rystan Co. 94
Schneider Dental Laboratory, M. W. 111
Siemens—N.Y., Inc. 16D
Sorg Paper Co. 89
Speyer Smelting & Refining Co. 119
Standard Laboratories, Inc. 135
Star Dental Mfg. Co., Inc. 16H
Stern Dental Co., Inc. 107
Stimudents 7
Superba Dental Products Co., Inc. 126
Swivlstool, Inc. 115
Thermodent 14, 15
Theta Corp. 132
Ticonium 61
Toothmaster Corp. 108
Torit Mfg. Co. 112
Union Broach Co., Inc. 113, 119, 134
Vick Chemical Co. 110
Vivadent Corp. 125
Vogel Peterson Co. 87
Walbro, Inc. 108
Warner-Lambert Co. 16F
Warwek Co., The 126
Weber Dental Mfg. Co. 4, 5
Weco Products Co., Inc. 11
Wernet Dentu-Creme ..... Third Cover
Westward Dental Products Co. 10
Whip-Mix Corp. 128
White Dental Mfg. Co., The S.S. 87, 90, 91, 108
Whitehall Laboratories 1
Wilmot Castle Co. 116
Young Dental Mfg. Co. 80

The clasp and the survey line

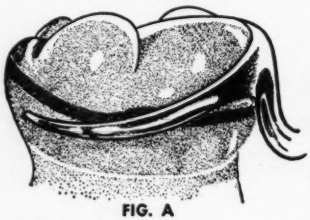

FIG. A

A clasp has three basic elements: a rigid section near the point of attachment to the denture for bracing; an occlusal rest for support; and the flexible retaining tips. For adequate bracing the rigid portion hugs the tooth and must be located above the survey line. Only the flexible tips are positioned in the undercut below the survey line (Fig. A).

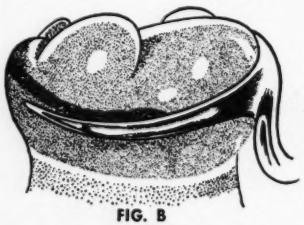

FIG. B

Placing any portion of the rigid section of the clasp below the survey line (Fig. B) results in a casting which will not seat unless the inside of the clasp is modified by grinding.

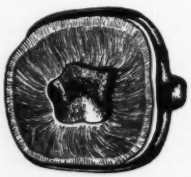

FIG. C

This alteration destroys the fit of the clasp (Fig. C) and the relieved section invites the retention of food debris between clasp and tooth. In addition, the bracing effect of a close fit is lost.

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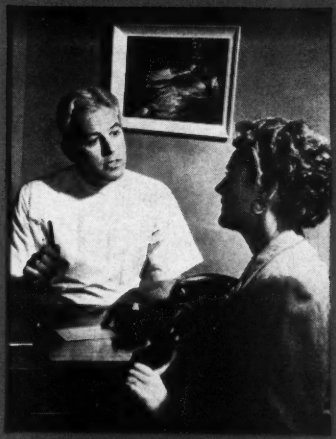

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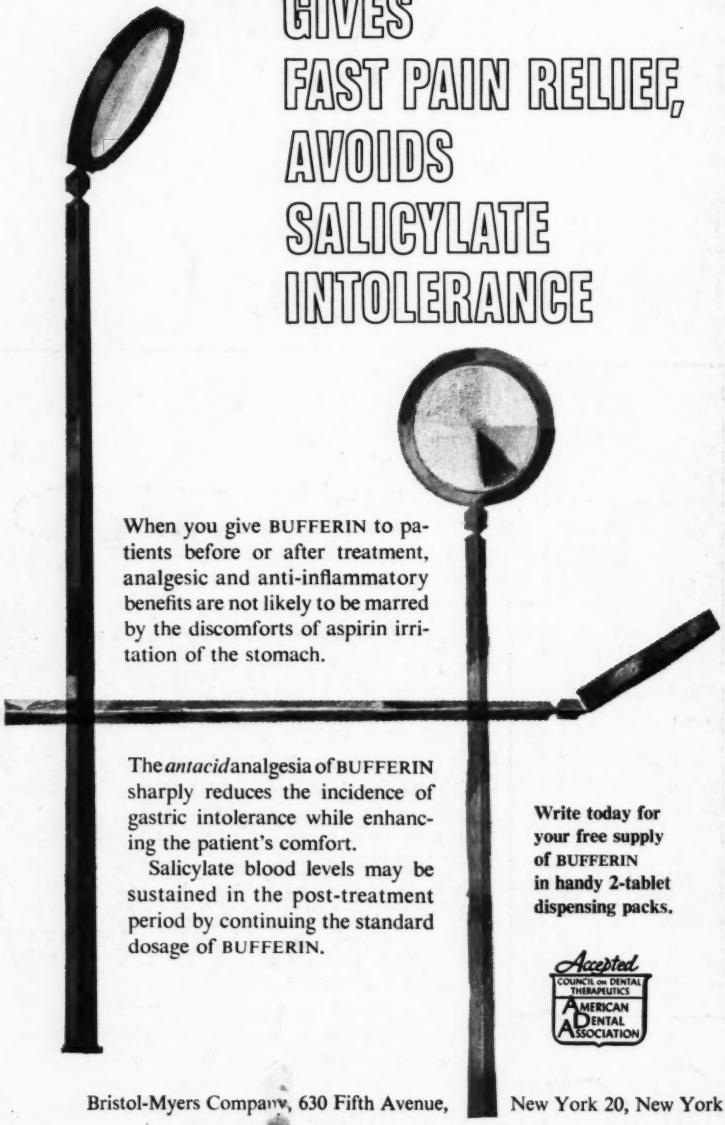

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